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Childhood in Africa is the journal of the Institute for the African Child at Ohio University. Childhood in Africa is published online on a bi-annual basis. It follows the mission statement and goals of the Institute for the African Child by encouraging holistic approaches to the understanding of issues impacting children and childhood in Africa. Childhood in Africa seeks to reflect African and Africanist perspectives regarding children and childhood. It includes all academic disciplines in the discussion of childhood in Africa and also attempts to further the professional interests of Africanists by disseminating knowledge about children and childhood in Africa.

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As we put this first issue of Childhood in Africa to bed, I am thinking about one of the first times I developed a strong consciousness about the power of African children in their own lives. I was working in an agricultural region of Eastern Sudan, hard by the River Gash, and talking to a group of primary school-aged kids who had been out in the sorghum and millet howashat helping their parents build the “bund” ditches that conserve scarce rain water in that dry region. I held out a mixed handful of seeds and asked the kids if they could identify what kinds of plants they produce, and pooling their knowledge, they identified all 7 kinds of seeds correctly. I was impressed and thought about how we could use this knowledge in various agricultural extension projects in the area. We would include the local children in our efforts to introduce various crop storage methods in Eastern Sudan, preserving food in a region prone to drought and helping their farmer parents get better prices when they took their produce to market.

We founded the Institute for the African Child 10 years ago in order to stimulate efforts across the academic disciplines to find a place for the study of African childhoods. The colleges of arts and sciences, communication, education, health and human services and osteopathic medicine at Ohio University came together as faculty interested in African children and promoted this teaching and research unit dedicated to examine the differential impact of Africa’s rapid social change on her children. We have been teaching new courses in these fields and organizing conferences that bring together scholars from around the world who report on Africa’s children. Now we introduce a new online journal which we hope will be accessible to African scholars and practitioners and we encourage their contributions. We will gauge our success by how far we are able to identify the impact of global change on African children in terms of their health, education, political status, their family and environmental conditions as well as the everyday trials and joys of childhood in Africa. We need more evidence of the latter phenomenon with authentic reports documenting how African children strategize in family contexts to carve out livelihoods.

The Nigerian novelist Uwem Akpan in his latest collection, *Tell Them You’re One of Them*, surprises us with the depth of his understanding of children’s predicament. The social scientist may suggest what has been learned through observations or surveys, but his or her work is more digested or vetted than that of the fiction writer. And we would like to see reviews of fiction that focus on children in this journal, again reaching out to complete the picture as much as possible of who is writing what about Africa’s children.

A journal in a sparsely reported field has some responsibilities to help define that field. We are interested in the parameters of childhood in Africa, age limits, residential patterns, education, etc. We do not wish to set childhood off from the rest of society here, but we will seek integrative pieces in order to demonstrate children’s participation across social institutions. We also seek to reach balanced understanding between the proliferation of non-governmental organization activity around children and the scholarly approach -- a duo subject to both conflict and cooperation.

There are questions, for example, of how these two sectors may reflect each other or set each other’s agendas, even to the point of dependence. Policy comes to mind here and as we write, the African Child Policy Forum in Addis Ababa is launching a journal as well, and we invite collaboration from our colleagues there.

One concern here is that policy-oriented research and reporting is by its very nature adult-centric and top down. Getting to a point where we support child-centric bottom up investigations as a counter to this would be an exciting development for this journal. Methodologies for this type of investigation are still waiting to be introduced. Childhood research is different than adult-focused research and has a different set of ethical challenges. We want to understand children’s interpretations of their worlds to better inform ours and we offer this journal as a place to discuss these emerging child-friendly methodologies.

We invite you to share your insights into the world of Africa’s children and their childhoods. Critical reflections are essential to thoughtful and progressive change with this important set of human beings. Welcome as we begin to share what we are learning with you on-line.

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Child fosterage and the developmental markers of Ovambo children in Namibia: A look at gender and kinship

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Abstract
The current study attempts to understand the practice of child fosterage both in and out of crisis among Ovambo speaking people in Namibia, Southern Africa. The study utilizes the existing 2000 Namibian Demographic and Health Survey (N=5949) (Macro 2000). Results indicate that when controlling for age of the child, no differences exist between orphans and non-orphans in education or health. Degree of relatedness to the head of household further differentiates the disparities. Gender differences emerged to disadvantage less closely related boys. Fosterage may protect orphans closely related to their caretakers. Understanding how gender and kinship, and the broader context of fosterage shape family life for both orphans and non orphans may help the development community identify interventions for the most vulnerable of children in Africa.

Introduction
If we are truly interested in including children both in research and in decisions regarding wellbeing, developmental theory can help us choose who to study, what to study, and how to translate the results into better lives for African children. From a developmental perspective we can apply normative developmental markers against some of Africa's most significant issues facing children, for example, child warfare, HIV/AIDS, or child labor. My paper looks specifically at a culturally indigenous child care practice of social parenting, or child fosterage in Namibia, in hopes of better understanding the developmental markers of education for both children raised by their biological parents and those fostered away from their biological parents.

The cultural logic of child care in specific communities is increasingly important to understand as the number of children in sub-Saharan Africa who have lost one or both parents to AIDS-related causes has reached 12 million. By the year 2010, 20 million children will be orphaned in sub-Saharan Africa alone (UNAIDS 2008). The existing family structure absorbs the majority of orphan care. Then, care by neighborhoods exists, allowing children to remain in familiar environments. Next, care through enterprise-centered collectives, formed by a consortia of government, NGO’s and private sector, and modeled on traditional extended family (i.e. foster villages) has been established in some communities. Finally, institutional care is rare, but does exist. (Sewpaul 2001). Non-traditional methods of caring for orphans, such as institutional care and collectives, have not been seen as viable solutions or as socially acceptable. As childcare has historically been thought of in Africa as a social task performed by an entire extended family, adoption and care by strangers is deemed a last resort (Levine et al. 1994).

While high levels of HIV and the rising number of orphans place enormous stress on a society, this may be less true of Africa than on any other region of the world, due to the dominance of the extended family over the nuclear and the African cultural complex of socially distributed childcare (Caldwell 1997; Weisner, Bradley, and Kilbride...
Child fosterage has been defined several ways. Accounts in Africa describe fosterage as a social welfare system revolving around kinship and is defined as the rearing of a child by someone other than the biological parent (Bledsoe 1990). What makes fosterage unique is the semi permanent yet adjustable nature of the relationship, one of the most distinct elements of African families (Isuigihue-Abanihe 2003). In countries without institutional systems to better the welfare of children and the resources of families, fosterage serves a crucial role and may be a key component in African communities’ reaction to HIV/AIDS.

In the anthropological literature much is known about child fosterage. Ethnographers began documenting fosterage using different terms as early as 1937 (Herskovitz 1937). Influential work by Goody (1973) and Bledsoe (1990) in Africa began to shed light on the variations of fosterage in Africa. Since, scholars have studied motivations to foster (Isuigihue-Abanihe 2003; Payne-Price 1981; Pennington 1991), predictors of fostering (McDaniel and Zulu 1996; Vandermeersch 2002) as well as the outcomes (Oni 1995; Verhoff and Morelli 2007). The research findings are contradictory regarding the effects of fostering and care by the extended family structure as the primary way of caring for orphans. Some scholars report uniformly negative effects of fostering, finding that children experience less education, more work and less well being (Bicego, Rutstein, and Johnson 2003; Bledsoe 1990) and regard the fostering system as stressed beyond repair (Foster 2000). Other scholars hold that fostering is culturally appropriate with built-in protective factors, and argue that orphans and non orphans do not show significant disparity in developmental outcomes (Ankrah 1993; Monasch and Boerma 2004). Understanding how families negotiate fosterage may help explain some of the disparate results in treatment between fostered children, orphans and biological children and individual developmental outcomes.

The quality of the fostering environment may ultimately depend on the motivation to foster the child and more specifically the relationship between the donor and recipient family with closer kin relationships having better outcomes than more distant kin. This being said, socially defined kinship is also assumed to be important. Alvard (2003) found that among the Lamalara of Indonesia, socially defined kinship predicts cooperation better than genetic kinship. Genetic kinship, however, remains a powerful predictor of cooperation in childcare (Anderson 2005; Bereczkei 1998). Assuming this, the primary objective of this study is to better understand the practice of child fosterage and its effect on the developmental markers of education and height and weight of Ovambo speaking children in Namibia.

The Ovambo Context

The Ovambo speaking people are located, primarily, in the four Northern regions (Ovangwena, Omusati, Oshana, and Oshikoto). Owamboland has the highest rates of children in Namibia who do not live with either parent but whose parents are both alive. Rates range from 29.4% to 36.9% in the four northern regions and from 11.5% to 28% in the rest of the country. Rates of living with both parents are much lower, ranging from 13.6% to 18.4% in the northern regions and from 23.0% to 48.2% in the rest of the country.

The Ovambo people’s traditional homeland is located in the North of the country and is home to the majority of the 400,000+ Ovambo speakers in Namibia. Traditionally, the Ovambo are agro-pastoralists having both subsistence plots of millet [omahango] and herds of cattle [eengobe] and goats [eekombo]. A large number of Ovambos have migrated to Windhoek, the capital, in search of work and education and live primarily in Katutura, the settlement created on the outskirts of Windhoek during the apartheid era.

Ovambo societies during the pre-colonial and colonial periods were predominantly matrilineal agro-pastoralist societies demarcated from each other by large areas of forest and savanna in the North of the country (Salokowski 1998). Until 1840, these areas had remained almost totally free from European influence. When the first Finnish Missionaries arrived in 1870, the majority of Ovambo societies were headed by “kings.”

Currently, Namibia is an economically stable country. Mining accounts for 25% of the gross domestic product and many men migrate to work in mines, while others seek work in cities. English is the official language with several other indigenous languages spoken. Ovambo speaking people represent the largest portion of Namibia’s population, nearly 50% (CIA Factbook 2006).

Kinship is an organizing principle in Namibia holding more importance than class and playing a critical role in decisions regarding socially distributed child rearing (Hayes 1998). What class does in advanced capitalistic societies like the U.S., kinship does in Namibia—shaping peer relationships, choices about marriage, and with whom one could be raised. Kinship in Namibia is complex with some groups being classified as bilateral, unilineal, and among the Herero-speakers a double descent system exists. Matrilineal descent systems are found among Ovambo speakers (Hayes 1998). Lebert (2005) studied inheritance of land, cattle, milk, and children, among Ovambos in the north of Namibia and describes a traditionally matrilineal system. Upon the death of a man, the order of inheritance is his oldest brother. If there is no oldest brother, then inheritance goes to his oldest sister’s oldest son, followed by his sister’s daughter’s oldest son. If a man has no siblings, inheritance goes to the oldest living male descendent of his mother’s sister. Upon the death of a woman, her children receive the inheritance—girls receive ornaments and jewelry and boys receive the cattle.

Children traditionally belong to their mother’s family and men do not pass on their matrilineal membership
to children. The mother's brother often plays a pivotal role in the care of the children, including providing care through fosterage. Even within this system, however, there is significant variation and complexity. In the matrilineal inheritance system the husband's matrilineal kin traditionally have rights to all of the wife's possessions after his death. This has changed in recent years as widows have been seen as primary caregivers to many orphans. The rising number of orphans has forced both paternal and maternal kin to raise children.

Methods

This study utilized data from the 2000 Namibia Demographic Health Surveys (DHS). Data were collected from a random sample of 6,678 households throughout Namibia in 2000. The DHS are nationally and regionally representative surveys conducted by United States Agency for International Development (USAID). They have been carried out since 1984 in over 60 less-developed countries. The surveys are based on scientifically selected samples of households and inquire about household structure, member characteristics, and survival status of parents of all children residing in the house. A household questionnaire is administered to all households selected and found, followed by interviews of eligible women (and men) in the 15-49 year age range. The interviews of individual women of reproductive age (15-49) include information on background characteristics, education, work status, fertility level and desires, and maternal and child health services.

An additional questionnaire was completed for each child less than 5 years of age in the household. This questionnaire on child health was administered only to mothers with living children less than 5 years of age, so maternal orphans are excluded. Information about orphans came from the overall household survey. Foster children were defined in the DHS survey as children with both parents alive but who do not reside with either of them. An orphan was defined as a child under the age of 19 whose mother, father, or both parents have died. A child whose mother is deceased was described in the data as a maternal orphan. A child whose father is deceased was described as a paternal orphan. If both are deceased the child was referred to as a double orphan.

Child’s Residence Status: The DHS survey affords two ways of discerning a child’s fosterage status. First, DHS data on Child’s Residence Status (fosterage and orphan prevalence) was collected by asking for each child “Is [name]’s mother still alive?” and “Is [name]’s father still alive? If the parent is still living, the household head is asked whether the parent is currently residing in the reference household. Each head of household reported on all members of a household and their Relationship to the Head of Household (spouse, son/daughter, grandchild, sister/brother, other relative, foster/adopted child, non-relative). Second, all individual women age 15-49 were asked about birth histories. Information on each child was recorded including with whom the child currently lives and was recoded as either ‘lives with respondent’ or ‘lives elsewhere’.

Developmental Markers: Education in Single Years was measured as a continuous variable. The nutritional status of children under the age of five was measured by three standard indices of physical growth: Height for Age (which can be used as an index of stunting), Weight for Age (which can be used as an index of underweight status) and Weight for Height (which can be used as an index of wasting). Height was recorded in centimeters and weight is recorded in kilograms. These indices were calculated using the Center for Disease Control (CDC) Standard Deviation-derived Growth Reference Curves derived from the National Center for Health Statistics (NCHS/CDC) Reference Populations which sample international populations.

Results

A variety of analytic techniques were utilized to test the study hypotheses. These included univariate statistics (frequencies, means), bivariate correlations, and Analysis of Covariance (ANCOVA).

Information about households, mothers and children in Namibia revealed a demographic picture of family life in Namibia and can be found in Table 1.

To test the first hypothesis that within the fosterage system, orphans are disadvantaged in developmental markers of health and education, a series of 2X2 factorial ANCOVAs were used to examine adjusted mean differences in education and health between male and female orphans and non orphans. Maternal orphans under 5 (n=18) and between 5 and 19 (n=161) were defined as having mother not alive but father still living. Double orphans under 5 (n=2) and between 5 and 19 (n=44) were defined as having neither mother nor father alive.

Years of single education for male and female maternal and double orphans as well as non orphans is summarized in Table 2. There was not a significant interaction between gender and maternal orphan status (F(4, 2779)=1.64, MSE=2.24, p=.20). There was a no main effect for maternal orphan status (F(4, 2779)=.519, MSE=1.15, p=.47). There was, however, a significant gender main effect (F(4, 2779)=21.31, MSE=47.75, p=.001) with orphaned girls having significantly more years of education than orphaned boys. See Figure 1.

Similar patterns were found with double orphans. There was not a significant interaction between gender and double orphan status (F(4,2779)=.09, MSE=.212, p=.76). There was not a significant main effect for double orphan status (F(4,2779)=.64, MSE=1.43, p=.42). However, there was a significant main effect for gender (F(4,2779)=4.60, MSE=10.32, p=.03) with girls having significantly more years of education than boys. See Figure 2.

Height and weight percentiles were calculated for maternal and double orphan boys and girls and compared with non orphans. There was no significant interaction...
in height between maternal orphan status and gender (F(4, 1293)=.755, MSE=581.34, p=.385. There was no main effect for maternal orphan status (F(4,1293)=1.85, MSE=1424.66, p=.174). There was no main effect for gender (F(4,1293)=1.13, MSE=872.47, p=.287). Likewise, when examining weight percentiles, there was no significant interaction in weight between maternal orphan status and gender (F(4,1293)=.45, MSE=269.32, p=.505). There was no significant main effect for maternal orphan status (F(4,1293)=1.82, MSE=109.78, p=.67) or for gender (F(4,1293)=.93, MSE=559.69, p=.336).

To further examine kinship relationships and gender, 2X6 Factorial ANCOVA analyses was utilized to test whether kinship (degree of relatedness to the head of household) affected levels of education and height and weight after controlling for the child’s age. Years of education for males and females with different levels of relatedness to the head of household is summarized in Table 3. There is a significant interaction between degree of relatedness to head of household and gender in years of education (F(12, 3790)=6.05, MSE=29.46, p=.001). Further analysis based on LSD follow ups of the cell means revealed that in all categories except adopted/fostered children, girls display significantly more years of education than boys. There was not a significant difference between boys and girls in education in the adopted/fostered group. Non related boys had significantly less education than any other group. There was a main effect for gender (F(12, 3790)=67.12, MSE=326.74, p=.001). Females had significantly more years of education that did boys. There was also a main effect for relatedness to head of household (F(12,3790)=13.85, MSE=67.42, p=.001). Follow up analysis utilizing LSD pairwise comparisons revealed patterns in line with kin selection theory. Non relatives had significantly less education than all other groups, while son/daughter, grandchild, and adopted/ fostered did not differ significantly from one another. See Figure 3.
Figure 1. Education in single years for male and female maternal orphans and non orphans.

Figure 2. Education in single years for male and female double orphans and non orphans.

Figure 3. Education in single years for males and females with different relationships to the head of household.

Discussion

While not a new experience, crisis fostering is one type of arrangement that families across Africa are confronted with at increasing rates due to the HIV/AIDS crisis. In the current analysis, orphan status does not disadvantage children compared to non orphan status in education and height and weight. Most notably, degree of relatedness to the head of household paints an interesting picture of how resources are allocated based on kinship and gender within the fostering system. Past research has found differences in education between orphans and foster children in Zimbabwe (Foster et al.1995) and between orphans and non orphans in Uganda (Kamali et al. 1996). Both maternal and double orphans in the present study have nonsignificant but higher rates of school attendance than non orphans, with female orphans having the most education.

Being fostered appears to have a more profound affect on boys than on girls in measures of education. Sons and daughters, grandchildren and “fostered/adopted” children have more education than do other relatives, and non relatives, with non-relatives boys having the lowest levels of education. How kinship mediates the relationship between fosterage and health becomes more important when combined with the above mentioned finding that orphan status alone does not affect children’s outcomes. Children were divided into biological, grandchildren, brother/sister, other relative, adopted/fostered and non relative. While all the children except biological can be classified as fostered, 109 children were given this special category by the head of household, posing an interesting dilemma in the interpretation if they are non-relatives. However, a child that is a non relative to the head of household could be a relative to another adult in the house. The adopted/ fostered children fall in a constellation with biological and grandchildren who have the highest mean scores when looking at adjusted mean differences in education and health, yet they are non relatives to the head of household. The category of non relatives appears qualitatively different, having the lowest means in all outcome variables.

So what makes these children different? According to Verhoeff and Morelli (2007), the cooperation between the donor and recipient family colors the experience and outcomes of children in Cameroon. Adopted/ fostered, like the other categories that describe the child’s relationship to the head of household, was predetermined by the DHS country staff. No information is available from the DHS that would clarify why 109 children are classified as adopted/fostered but there is obviously something different about these children. One may speculate, consistent with Verhoeff & Morelli (2007) the relationship is an amicable joint venture between families. Children are self selecting into these households because of perceived advantages (better schools, desire for the child, greater income). This would explain their
higher levels of education while not being related to the head of household.

Finally, gender seems to play an important in understanding these results. Almost exclusively, girls seem to have better markers of education and health. This is somewhat unexpected and worthy of further research. The DHS data does not allow further exploration of the relationship to other members of the household. It might be the case that the girls who are fostered (and higher in education) are more likely than the boys to be members of the women’s own matriline. The gender differences be a result of recent education and interventions in Namibia to empower and educate girls? Does the nature of work that foster girls and boys perform leave more room for education for girls? Finally, are boys, in general, more vulnerable?

Developmental theory provides a useful framework by which to understand some of the more proximal causes of fostering and its implications to the welfare of the child. Why should children remain with extended families in indigenous care systems? To survive and thrive, children and adolescents need to grow up in a family that provides for their changing needs. Recent theories like Thomas & Chess’s (1986) goodness of fit and Scarr & McCarthy’s (1983) gene/environment interaction have acutely understood this. Children respond very differently at different ages, depending on their level of physical, cognitive, emotional, and psychological development (Schaeffer 2000). A young person’s developmental stage will also be a factor in determining the kinds of support and protection the child needs to survive and possibly thrive. UNICEF (2004) identifies infancy as the most vulnerable stage for a child to be orphaned. Notions of attachment, the close emotional relationship between child and caregiver are paramount during the first years of life. This is a crucial period for establishing survival, growth trajectory, and development of brain function; language acquisition, curiosity, and the emerging understanding of cause and effect (Fabes 2002). Orphanhood and to some extent bad fosterage arrangements might jeopardize these important milestones. While there are specific risks to survival and development, an infant is vulnerable but easily attached if another caregiver is provided. This evolved balance of vulnerability with potential for attachment makes being orphaned during infancy both a liability and an asset. Past research has found that children orphaned under age six are most likely to be taken in by others (Townsend and Dawes 2004).

Older children face different dilemmas. The developmental tasks associated with middle childhood are continued physical growth, an understanding of rules and responsibilities, peer relationships and family identity, mathematical and literacy skills, emotional expression and self-regulation and problem solving skills (Schaeffer 2000). This is often the time children fall out of the family structure or place of residence and become street children or involved in exploitative labor (Aptekar 2002). Families in the north of Namibia, in 2000, were caring and supporting orphans. While education and height and weight are only three markers of development, these markers show the resiliency and strength of the communities and families in this study.

Understanding the developmental demands of childhood and their unique manifestations in communities in Africa will allow aid agencies to invest more wisely in supporting traditional systems of support like child fosterage in the African family as well as help identify when other means of increased support are necessary.

Jill Brown is currently an Assistant Professor of Psychology at Creight-on University. While her roots are in the Midwest, her work has taken her to other parts of the world. She was a Peace Corps volunteer in Namibia, Southern Africa and received a Fulbright Fellowship to study in Benarus, India. Her teaching and research focuses on the psychological underpinnings of culture and human development. She has conducted research on gender norm development and masculinity in Namibia. Her current research focuses on child care and kinship in Africa, looking at the intersection of parental ethnotheories on indigenous childcare practices.

References


Children’s Vulnerability to HIV/AIDS, Poverty and Malnutrition in Buhaya: Advancement through women’s empowerment

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Abstract
Children form a vulnerable segment in society in general, given their dependence on adults for their immediate needs. The impacts of HIV/AIDS result in increasing children's vulnerability to poverty, malnutrition, HIV/AIDS and related illness. The HIV/AIDS epidemic also causes many children to be orphaned and raised by grandparents and members of their extended family who may already struggle for their own livelihood security. This paper focuses on children's particular vulnerability to the vicious cycle of poverty, malnutrition and HIV/AIDS in Buhaya in northwestern Tanzania, a region that has been severely impacted by HIV/AIDS for nearly three decades. Buhaya has also experienced a decline in access to fertile land and decreasing agricultural productivity for the past three decades, causing and exacerbating widespread household poverty, food and nutrition insecurity and fueling the HIV/AIDS epidemic and its cycles. In this chapter, I describe some of the very vulnerable situations children in Buhaya are living in, as witnessed during one year of field research in the village of Nsisha. I highlight the plight of children living with single mothers who are often viewed as ‘illegitimate’ and therefore not recognized by patriarchal Bahaya clans. This precarious situation results in the deprivation of children's rights to land inheritance as well as to basic needs such as food and nutrition security, healthcare, education and a viable future in this predominately semi-subsistence agricultural society. Given that children's and women's health, nutrition, and poverty work in synergy and interdependently affect each other, I argue that empowering women and upholding their human rights is crucial to breaking inherited cycles of poverty and its manifestations and to advancing the welfare and future of children in Buhaya.

Background of Research and Methods Used

The material for this paper emanates from broader socio-cultural anthropological research conducted in 2005-06 on the connections of widowhood, food insecurity and HIV/AIDS in the village of Nsisha located approximately twelve kilometers from Bukoba Urban in northwestern Tanzania. At the beginning of this research I conducted a village survey whereby my field assistant and I interviewed the head or other available adult member of each household in the village. We gathered socioeconomic information based on the type of housing inhabitants occupied (such as mud, brick, cement and whether the roof was constructed from thatch or iron sheets), assets owned (such as livestock, number of farms, bicycle, radio), and number of people living in the house and their gender, age and relation to household head. Afterwards, we conducted over 180 structured and unstructured interviews with widows, widowers, (married) couples, single women with children, and an orphan-headed household and obtained information on personal histories, agriculture, gender, widowhood, poverty and HIV/AIDS. During the year of research I had the opportunity to observe the conditions under which children, particularly orphans and (other) children living in the poorest households, live in Nsisha. In addition, through the interview questions and open-ended answers, I gained an understanding of some general and specific challenges that children face and how many of them are entrapped in situations of poverty, malnutrition and illness.
HIV/AIDS: Onset and aftermath

The first case of HIV/AIDS was diagnosed in 1983 (Rugalema, 1999; Iliffe, 2006), a time which coincides with increasing population, increasing land pressures due to a patriarchal system in which bibanja (plural of kibanja) parcels are bequeathed primarily to the eldest and youngest sons (Culwick, 1938; Cory & Hartnoll, 1971), a decline in soil fertility and the aftermath of the Tanzanian-Ugandan War (Kajjage, 1993; Lyons, 2004; Iliffe, 2006). This was a volatile time in Buhaya marked by various forms of socio-culture and economic decline, and widespread household poverty and food insecurity (Rugalema 1999, 2004). The results of the war brought many refugees into the area, which further compounded the ecological challenges as people competed for important livelihood resources (Lyons 2004). The war and the active black market, or magendo, are blamed for instigating the first epicenter of HIV/AIDS (Rugalema 1999, 2004; Lyons 2004), of which Buhaya was part. Rape during war, extra-marital sexual encounters, and high social interaction and prostitution along the border served as major venues for contracting and spreading HIV/AIDS to the hinterlands of Buhaya, creating a region that was truly and shockingly devastated by an HIV/AIDS pandemic (Kajjage 1993; Lyons 2004).

For over three decades Buhaya has experienced the wrath of the HIV/AIDS pandemic. Its coincidence with deteriorating ecological challenges (Tibajjuka 1997) created an upheaval in the traditional Bahaya agricultural and cultural system as they once knew it (Rugalema 1999, 2004). Fewer households are able to own and maintain cattle, which is an offshoot of a 1900’s rinderpest epidemic (Kjekshus 1996; Piters 1999 cited by Mitti and Rweyemamu 2001) compounded by decades of increasing land pressure, decreasing grazing land, and widespread poverty (Rugalema 1999). During the HIV/AIDS crises, cattle serve as disposable assets which provide capital for patients who are suffering from and who eventually die from AIDS (Rugalema 1999, 2004). Often money is eaten up by medical expenses from either traditional or biomedical treatments and funerary expenses (Tibajjuka 1997; Rugalema 1999, 2004). The decline in cattle negatively impacts the kibanja since lack of manure to enrich the poor soils leads to lower banana productivity (Bajukya 2004). The kibanja also suffers neglect as time is devoted to caring for patients and observing funerary and mourning rituals. As a result, it also suffers neglect as time is devoted to caring for patients and observing funerary and mourning rituals. As a result, it also suffers neglect as time is devoted to caring for patients and observing funerary and mourning rituals. As a result, it also suffers neglect as time is devoted to caring for patients and observing funerary and mourning rituals. As a result, it also suffers neglect as time is devoted to caring for patients and observing funerary and mourning rituals.

HIV/AIDS has also resulted in a generation of people born into the HIV/AIDS era who see AIDS like malaria, something that is common, chronic, ubiquitous and inevitable—a normal part of everyday life (Rugalema 1999, 2004). In fact, several informants in their twenties and thirties stated that HIV/AIDS is ‘the disease of the time.’ This normalization leads people to take risks and become numb to the dire consequences that HIV/AIDS has on their life, and that of their dependents, family, and larger community. This embodied normalization of HIV/AIDS is also a coping mechanism since life inevitably has to go on (even) during times of crises (Rugalema, 1999, 2004). However, I argue, becoming numb to or seeing HIV/AIDS as a normal part of everyday life ultimately results in the intensification and perpetuation of widespread poor health, poverty and food insecurity in Nsisha (de Wagt et al. 2007). Since most households are already indirectly or directly affected by HIV/AIDS and are (highly) vulnerable to poverty and its manifestations, forgetting about the dire consequences of HIV/AIDS because it seems so normal and part and parcel of everyday life drives people to take risks which can push a household into devastation. Several informants for instance stated that the celebrations that occur in the village at nighttime serve as one of the most important venues for HIV/AIDS transmission because people gather to socialize, imbibe and engage in unprotected sex, hence forgetting the risks involved. Unlike in the past when celebrations, according to Bahaya customs, could not occur at the same time death and funerary rituals were taking place in the village, informants state that ‘due to HIV/AIDS and the constant deaths it causes, people now engage in merrymaking at the same time someone is being buried because of HIV/AIDS.’

When parents and guardians become sickly and die of HIV/AIDS, children often bear the brunt of the vicious
cycles of poverty, food insecurity, and poor health created and perpetuated by HIV/AIDS (Foster and Williamson, 2000; Gillespie et al. 2005; UNFAO 2005, Beegle et al. 2007; UNICEF, 2007). The remainder of this paper focuses on some vulnerable situations witnessed during fieldwork which confront children in Nsisha. All households in Nsisha have been affected by HIV/AIDS and declining agricultural output, thanks to the pathogens which kill their banana plants and other food crops. Most households, in fact, are (very) poor and (highly) vulnerable to food insecurity, the impacts of HIV/AIDS and related maladies. Given children’s specific vulnerability and dependence on their parents and other adults, they often suffer the most from the devastations of poverty, malnutrition and HIV/AIDS, and this is readily visible in Nsisha.

For the remainder of this section, I will highlight the following situations: grandmothers who are the primary caregivers to their (orphaned) grandchildren; the plight of orphans who are integrated into (large, poor) households; orphan-headed households, (“illegitimate”) children of single mothers; children affected by prostitution and gender asymmetry in education. Finally, the chapter concludes by summarizing the research findings illustrated in this chapter and by stating that women’s empowerment and (ensuring their) human rights is the keystone to a better life for children.

**Overwhelmed Grandmothers**

As mentioned previously, many informants in Nsisha said that the devastation wrought by HIV/AIDS has taken away a large portion of a generation of parents whose deaths leave behind many orphans. Similar findings have been reported in Iliffe (2006), Rugalema (1999, 2004) and Beegle et al. (2007). Many of these children go to live with the aged grandparents, specifically grandmothers (Urassa et al. 1997; Barnett and Whiteside 2002; Gillespie et al. 2005). In Buhaya as in many parts of Africa, it is not uncommon for grandchildren to live with grandparents and to be fostered by extended family members (de Wagt et al. 2005; Rugalema 1999). In Nsisha for example, parents often send their children to live with grandparents in order to provide them company during their old age. Also, it is not uncommon to find children living with their aged grandmother so that the parent(s) can engage in wage-earning activities afar, such as working on the islands on Lake Victoria, tea plantations in Buhaya, and in other occupations spread throughout the country. However, the HIV/AIDS pandemic forces many grandmothers to become the primary providers of their grandchildren by default. We also came across grandmothers who were still strong and able to farm and provide for their grandchildren, and they were happy to have their company. Often these grandmothers received sufficient remittances to provide for the needs of the child(ren). However, there are many situations where grandmothers are too old to farm and have little or no assistance. Similar to Rugalema’s findings (1999, 2004) and Iliffe (2006) these grandmothers in Nsisha have lost their own social security—their own children to HIV/AIDS. Lacking strength to farm and money to purchase household needs, these grandmothers cannot provide children under their care with basic necessities. Consequently, these children become vulnerable to food and nutrition insecurity and illnesses like malnutrition. They also suffer from lack of health care and have no chance of receiving an education which ultimately subjects them to a dim future (see also de Wagt and Connolly 2005; UNFAO 2005; Gillespie 2005; Hecht et al. 2006; Iliffe 2006). According to many respondents in Nsisha, AIDS imposes a double burden. Not only does HIV/AIDS ‘take away the children making people suffer in old age’ but it also forces them to become parents again to their own grandchildren. Since they are old and frail, they themselves need assistance which they traditionally depend on (Rugalema 1999, 2004; Githinji 2008).

### No Sanctuaries for AIDS who are Integrated into (large, poor) Families

The grandparents are not the only people who take care of AIDS orphans. In some cases in Nsisha, AIDS orphans are integrated into the families of their parents’ siblings and other members of their extended families (Rugalema 1999; Foster and Williamson 2000; Barnett and Whiteside 2002; de Wagt et al. 2005; Beegle et al. 2007). It is important to mention, that not all orphans are vulnerable (Gillespie et al. 2005). Children living with their extended families may not experience major problems generally associated with orphanhood since they are well cared for, provided for, nurtured and educated. For example, there was a large, hardworking but generally poor family who happily took in a young orphan and he was treated equally to the other six young biological children in the household. However, it is common to find cases where orphans integrated into already large, poor families may be seen as a burden—another mouth to feed when the livelihood situation is already strained and challenged (Barnett and Whiteside 2002; Gillespie et al. 2005; Iliffe, 2006). Both extremes and variations in-between were observed in Nsisha. In such situations where integrated orphans are seen as a burden and treated poorly, these children may not receive equal care and nourishment to the biological children and may suffer from neglect (Gillespie et al., 2005; UNICEF, 2007). During fieldwork for instance, I came across a case whereby a young woman was left to care for her newborn baby and her husband’s very young half-brothers. One of the half-brothers was five years old and the other was seven years old. These children had lost their mutual father and respective mothers to HIV/AIDS. They were sickly and thin and very well could have been infected with HIV/AIDS. The young mother (their sister-in-law) who resided with was focused on caring for her newborn baby and tending to her home and farm while her husband worked afar on the islands in Lake Victoria. The two orphans were not well cared for and did not receive much attention. In fact the young mother did not seem to even notice them and they were forced to fend for themselves even though they were young...
children and obviously sickly.

It is important to realize that in many situations, the poverty situation is so severe that the aunts and uncles who integrate their orphaned nieces and nephews into their own families may want to provide for the child(ren) well, but are unable to do so because of their own household poverty (Barnett and Whiteside, 2002; Iliffe, 2006; Beegle et al., 2007). This was a common explanation made by many informants in Nsisha. It could be easily mistaken on first look that an orphan is neglected given the fact that the child wore dirty, torn clothes and appeared thin and sickly. However, often times after learning more about the household where the child resides, one can understand that the poverty is often spread evenly among all household members.

In other situations like that mentioned above, orphans are indeed treated unfairly, creating very negative effects for the orphan. The psychosocial and overall health impacts that orphanhood, neglect, and mistreatment for example have on a child are heavy, and can impact the child for the rest of his or her life (See also Foster and Williamson, 2000; Gillespie et al., 2005; Iliffe, 2006; Beegle et al., 2007). The situation is usually more severe for the orphan who is HIV/AIDS positive and deprived of the nurturance, attention, special nutrition and healthcare assistance he or she needs (UNFAO, 2005; UNICEF, 2007). These situations were among the most difficult to observe during research, leaving you to wonder what the fate of the child will be. Sometimes we learned of their death, other times we would witness their progressive decline and neglect.

Stolen childhood: Orphan as heads of households

Sometimes in Nsisha, when older children orphaned by AIDS are viewed to be mature enough, they inherit their parent’s kibanja and household and become the parents/guardians to their younger siblings (Rugalema, 1999; Barnett and Whiteside, 2002; Iliffe, 2006). Hence, the older siblings are forced to become parents at a very young age, bearing the responsibilities of adults and sacrificing their youth, education and chance to a better future (Foster and Williamson, 2000; Barnett and Whiteside, 2002; Iliffe, 2006). As informants mentioned, these children are also particularly predisposed to vulnerable situations since they are too young to understand the cultural norms and legal intricacies involved in land inheritance. This renders them vulnerable to greedy relatives or other people who try to steal their land, household items, and control food from the farm (Barnett and Whiteside, 2002; Iliffe, 2006). As witnessed during research most often these orphans, similar to the poorest children, are not able to go to school (Barnett and Whiteside, 2002; de Wagt and Connolly, 2005; Iliffe, 2006) because they cannot afford and do not have the means to obtain the money needed to pay for school fees, uniforms and supplies. The excerpt below provides a good illustration of relatives’ exploitation and dispossession of three teenage orphans, Anna, Rita and Lucas who live in the outskirts of Bukoba Urban and had lost both parents to HIV/AIDS;

After the death of their parents, their paternal aunt and her boyfriend came to occupy their home — the house and land of their deceased father. The children were verbally and physically abused by both the aunt and her boyfriend. The youngest child was noticeably ill and had symptoms of tuberculosis and/or HIV/AIDS. Their aunt allotted them approximately 200 shillings (approximately $.20 per day for food), which is not adequate enough to feed three teenagers. The eldest girl, who took on the motherly role for her younger siblings, said that her aunt’s aim was to control the kibanja and house and prevent the children from becoming the lawful heirs. She ridiculed the children and abused them, depriving them of their basic needs including access to their home and adequate food. Being double-orphans to HIV/AIDS, the children were stigmatized and chastised by some community members, and the eldest girl mentioned that she often felt vulnerable and was lured and exploited by older men. The children were truly in one of the most vulnerable situations possible, and did not have support from other family members and neighbors.

Such sad cases were not observed in the village of Nsisha during the time of this research. In fact, I only came across one case of an orphan-headed household. Though in that case the eldest brother who was the head of the household was in his twenties, they had been orphaned for several years. Fortunately, the three children were able attend primary school with the help of their married, eldest sister and a local NGO who assisted them with school uniforms and supplies. However, their kibanja was in very poor condition and was generally unproductive. They did not have the time and labor power needed to maintain the farm and were busy seeking paid labor opportunities. They also leased parcels of their kibanja in order to obtain needed household money.

We also witnessed cases of neighbors generously taking care of orphans. One such case involved a double HIV/AIDS orphan who was fostered and educated by his parents’ neighbors. The neighbors even built the boy a home. They felt that since he was nearing adulthood he would need a home and farm of his own to sustain a future wife and family. His ‘foster mother’ stated that even though she could never replace his parents, she treated him as if he was her own son and felt that ‘that is just the way it should be.’ In this positive and hopeful case, generosity was easily displayed and afforded because aside from their warmth and compassion, the foster parents were relatively wealthy.

Widowhood, Single Mothers and ‘Illegitimate’ Children

As mentioned previously, one of the greatest impacts of HIV/AIDS is the increase in widowhood and female-headed households. Children living in these situations (whether biological or orphans), tend to suffer greatly since women in general are limited in their capacity to obtain money used to meet children’s required needs, including food and nutrition security, clothes, school fees and healthcare (UNICEF 2007). According to many informants, having both parents was better than having only one because even if the parents did not get along well, there was often more household food
and nutrition security and money for children, compared to situations where children live with a widowed or single mother. In essence, two contributors to a household income yield more than one. As Rugalema (1999, 2004) reports and as this research confirms, when women were asked how their household changed after widowhood, separation or decease of their partner, they stated that their household income and food and nutrition security declined (See also Joseph 2005). Decrease in the amount and lack of quality, nutritious food, primarily protein-rich foods such as milk, eggs, fish and meat, increases children's vulnerability to malnourishment and susceptibility to illness (UNFAO 2005).

In addition, the patriarchal and patrilineal structure of Bahaya society means that women in general do not own or control the means of production and land necessary for ensuring household economic, food and nutrition, and health security. With little income and means of making money, a single mother often cannot afford to send her children to school (Rugalema 1999, 2004; Beegle et al. 2007). As witnessed during this research, these children remain home tending to the household tasks of cleaning, gathering and preparing food and tending to younger children. One HIV/AIDS widow for example, could not send her six year-old daughter to kindergarten because she could not afford the $50 monthly fee. There is also an asymmetric treatment of paternal orphans according to gender. A widow without sons can be forced off her husband's kibanja (Culwick 1938; Cory & Hartnoll 1971; Tibaijuka 1997; Rugalema 1999; Muchunguzi 2003) rendering her unable to fend for herself and her female children. This type of female marginalization in Bahaya society fuels cycles of (female) poverty, hunger and related disease specifically because women cannot fulfill their roles as primary farmers and providers of food and nutrition security and care (Githinji 2009).

The notion ‘illegitimate’ children in Bahaya, refers to a child who is not recognized by the father and the patri-clan (Cory and Hartnoll 1971). This means that the child is in essence, considered fatherless, and is prohibited from inheriting land and receiving assistance throughout life. In the patriarchal and patrilineal agricultural Bahaya society, the only way to inherit land under customary Bahaya law is through the father and his clan (Cory and Hartnoll 1971; Muchunguzi 2003). His land symbolizes and provides a child with cultural and social protection and recognition, and an essential and practical asset in an environment comprised predominately of small-scale farmers (Rugalema 1999, 2004). The so-called ‘illegitimate’ children may suffer scorn and isolation given that they are unprotected in society, considered fatherless and do not belong to a clan. As informants stated, children like these ‘have no head and no tail’. Not only can this cause psychological problems for the child, but it can also condemn the child to a life of extreme poverty if the mother is not able to provide overall household security and education, and does not receive assistance from her own kin or external agencies. These are the children in Nsisha who (often) tend to look the most malnourished and unhealthy, and often suffer for long before receiving medical assistance, if they do at all, for common, treatable maladies such as worms, amoebas, malaria and malnutrition.

**Prostitution as a cause and effect of children’s vulnerability**

Poverty-induced prostitution as a common practice in Nsisha, especially for single women with children, but also for widowed and married women (Rugalema 1999, 2004) was witnessed in this research. Transactional-sex becomes more widespread and common as poverty and food and nutrition insecurity situations increase, collectively helping to fuel the HIV/AIDS pandemic and its deleterious effects (UNFAO 2005). Although changing slowly, Bahaya patriarchal society continues to prohibit women from equal access to resources as men, including, land, education, and salaried employment (Swantz 1985; Rugalema 1999, 2004; Muchunguzi 2003); which are some of the main resources needed to raise women’s and children’s empowerment and ensure their human rights (see Nagengast 2004; Grown 2005; Lopez-Claros and Zahidi 2005; UNICEF 2006; Kalipeni et al. 2007; ADFVI 2008). It is documented that Bahaya women have practiced prostitution since the 1930s and 1940s (Swantz 1985; White 1990; Weis 1993, 1996; Kajjage 1993). Scholars claim that Bahaya women were tired of the constraints and limitations imposed by their patriarchal society and hence fled to East African urban centers to engage in prostitution (Swantz 1985; White 1990; Weis 1993, 1996, 2003; Stevens 1995). Often, these women returned home with enough money to purchase a kibanja and build a house for themselves, which they could dispose of and bequeath to whomever they chose (Swantz 1985; White 1990; Weis 1993, 1996). Due to their independence and subversion of cultural and gender prescriptions and norms, these women were often resented by society. Given the risky nature of their work and susceptibility to contracting and dying from AIDS, these women came to be seen as ‘buying their own grave’ (Weiss 1993, 1996; Stevens 1995).

Children brought up in situations where their mother is engaged in prostitution are exposed to a risky environment, behavior and lifestyle. Children are directly put at risk since they depend on their mother who may contract a sexually transmitted disease, including HIV/AIDS, which may result in increased poverty, as she becomes sick and unproductive. Some children are born with HIV/AIDS and suffer a short life. One such case was witnessed early on in this research, whereby Leticia, a twenty-eight year old mother and former prostitute died of HIV/AIDS, and was immediately followed by her youngest child only three weeks later. When the mother dies of AIDS, children die as in this case or become orphaned and vulnerable. Girl children are especially vulnerable as they can be abused by sugar-daddies who offer them small gifts in exchange for sex (Rugalema 1999, 2004; UNICEF 2007). This was a common worry of parents and guardians of young girls, especially since there were rumors of a few male primary teachers and older men in the village who were known to taunt and lure young and often, poor girls. There are also cases of girls being raped, abused and forced into early marriages or prostitution (Joseph 2005; UNICEF 2007). In Nsisha, older female prostitutes who work on the islands in Lake Victoria recruit vulnerable young girls who are enticed by promises of...
making money and gaining material possessions such as fancy shoes, clothes, make-up and the means to straighten their hair and lighten their skin. This is the current generation of women who are ‘buying their graves’ (Weiss, 1993, 1996; Stevens, 1995), often leaving children orphaned, infected with HIV, and socially insecure (illegitimate). Normally, these children become the responsibility of elderly grandmothers and already poor and large families, as mentioned earlier, and with a bleak and myopic view of the future.

**Malnutrition and Lack of Access to Health Care**

The environmental challenges in Buhaya combine with emanations of socio-economic decline and result in lower banana yields (Bajjukya 2004), forcing this banana-culture to increasingly depend on roots and tubers (Tibajuka 1997; Rugalema 1999; Iliffe 2006). Access to milk, meat, eggs and fish are important protein sources which are out of reach for most people. Poverty has pushed healthcare beyond reach for many people in the village. Whether it is traditional medicine or biomedical care, both require capital (Tibajuka 1997). In addition, clinics and hospitals are far away, and require money for transportation to and fro. Inaccessibility to healthcare often causes children to suffer from undiagnosed and treatable common and chronic childhood maladies mentioned previously: worms, colds, amoebic infections, malaria and malnutrition (UNFAO 2005; UNICEF 2007). Sometimes, when children are diagnosed with malnutrition for example, being told to eat a more protein-rich diet is not realistic since these foods are the most expensive and the most out of reach (Beegle et al. 2007). Continued exposure to chronic and long-term malnutrition may lead to a lifetime of cognitive problems, health issues (such as wasting and stunting) and livelihood limitations (UNFAO 2005; Beegle et al. 2007). In addition, untreated childhood maladies can also lead to death, and they often do (UNFAO 2005; UNICEF 2007). On several occasion during the course of this research, villagers’ lamentations announcing the death of (another) child commenced the day. It was normal for the villagers to assume the cause of death was ‘malaria’, while in truth it was usually common maladies mentioned above.

**Gender Asymmetry in Education Provision**

Education helps break the vicious cycle of poverty, malnutrition and poor health (Nagengast 2004; Grown 2005; Lopez-Claros and Zahidi 2005; UNFAO 2005; UNICEF 2006; Kalipeni et al. 2007; UNICEF 2007, ADF VI 2008). According to the International Convention on the Rights of the Child, education is a basic need that all children should have access to (Barnett and Whiteside 2002, 211; UNICEF 2007). However, poverty (often) begets poverty, and children who grow up in poor households often do not have the opportunity to attain education (UNFAO 2005; Iliffe 2006). Although primary education is ‘free’ there are costs including uniforms, shoes, pencils and paper. All categories of orphans; those who become heads of households, those who are integrated into large, poor households, and those who are isolated, neglected, and labeled ‘illegitimate’ (Cory and Hartnoll 1971) have little to no chance of attaining formal education (Rugalema 1999 2004; Iliffe 2006; Beegle et al. 2007). The same applies to non-orphaned children living in poor households. The girl child is even more vulnerable compared to the boy child, in general (Rugalema 1999, 2004; UNICEF 2009). The boy child is seen as the one who is the most worthy of investment in the patriarchal, patrilinial, and virilocal Bahaya society (Swantz 1985). He is seen as the breadwinner who will bring pride to the family and perpetuate the clan and Bahaya culture (Swantz 1985). Girls on the other hand are viewed as people who leave the clan and go to live with, expand and perpetuate their husband’s clan (Swantz 1985; Rugalema 1999, 2004). Girl children are also assigned the duties of tending to younger children, cooking, cleaning, and feeding animals (Swantz 1985). Few female children reach beyond primary education (Rugalema 1999, 2004) or work in salaried and professional positions; most girls in Nsisha marry and become pregnant at a young age, and the vicious cycle of patriarchy and women’s marginalization repeats (Githinji 2009).

**Conclusion: Addressing Children’s Vulnerability as a Women’s and Human Rights Issue**

This paper describes some of the vulnerable situations children in Buhaya are living in. Due to the fact that children are dependent on adults for their basic needs, they are at their parents’ and caretakers’ mercy. Buhaya has experienced the wrath of HIV/AIDS and its manifestations for approximately three decades, and in the process, children are the most affected and vulnerable segment of society. Furthermore, they are the most susceptible to the cycles of poverty, food insecurity, malnutrition and related illnesses that drive and result from the HIV/AIDS pandemic. Due to the high impact of HIV/AIDS in the past three decades, a large portion of a generation has died, leaving orphans who are either cared for by their remaining parent or by a female relative. Often these children are integrated into already poor and large families where they can be seen as a burden; another mouth to feed in an already food insecure household. Many times, caregivers want to care for orphans well, but cannot since household impoverishment is common and widespread in Buhaya. Sometimes orphans are mistreated which compounds their vulnerability and susceptibility to abuse, poor mental and physical health and a grim future. Similar to the poorest children, (HIV/AIDS) orphans are often deprived of an education and consequently a chance at a hopeful and stable future.

Since children are most often cared for by women, and increasingly single women, they are highly affected by the constraints women endure under patriarchal and patrilinial Bahaya customs. Women in general are deprived of the very resources they need to fulfill their social role as primary farmers and providers of food, nutrition and care. This situation renders women and mothers, and specifically single women with dependents very vulnerable to poverty and resultant emanations of food and nutrition insecurity and related illnesses which they then bequeath to their children and future generations (Githinji 2009).
The future lies in the hands of our children. How well they are nourished, cared for, treated by family, kin and society, and how well they are formally educated makes a difference. The cycles of poverty, malnutrition, and HIV/AIDS in Buhaya have condemned many children to a lifetime of hopelessness. This needs to be viewed as a human rights concern and a violation of the Rights of a Child (Barnett and Whiteside 2002; UNICEF 2007). All children are entitled to basic needs such as a nurturance, a safe environment to live in, attention, food and nutrition security, education, healthcare, and a hopeful future in order to grow into healthy and productive adults (Barnett and Whiteside 2002, 211; UNICEF 2007). However, many children in Buhaya do not have these basic human rights, especially HIV/AIDS orphans and children living in the poorest households (Rugalema 1999, 2004; Beegle et al. 2007). There is therefore need for children to be recognized as a vulnerable segment of society who are dependent on their parents, adults, and often times, single (foster) mom (Swantz 1985; Baylies and Bujra 2000; Sweetman 2001; Morgan 2002).

As HIV/AIDS increases children's vulnerability to poverty, malnutrition and HIV/AIDS, it also increases the pressures on single women, the primary caretakers of children and orphans (Iliffe 2006; UNICEF 2007) who are already constrained by patriarchal Bahaya norms. As found in most cultures in the world, raising children is predominately the primary responsibility of women. Consequently, the institutionalized discrimination and marginalization of women predisposes children and future generations to insecurity (Githinji 2009). Improving the lives of children is contingent on women's empowerment and upholding women's and children's human rights (see Nagengast 2004; Grown 2005; Lopez-Claros and Zahidi 2005; UNICEF 2006; Kalipeni et al. 2007; UNICEF 2007; ADF VI 2008).

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References


Circumventing or Superimposing Poverty on the African Child?  
The Almajiri Syndrome in Northern Nigeria

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Abstract  
This paper discusses the nature and problems associated with street begging by children as it exists today in virtually all states of Northern Nigeria. It contends that this practice in the area is antithetical to human capital development because of its proclivity to deprivation and abuse of children; inducing poverty and further exacerbating underdevelopment of the North. It suggests a sincere commitment by the northern state governments to funding education; a synergy between Qur’anic schools and Universal Basic Education; endorsement and domestication of the 2003 Child’s Rights Act by states of the north and the banning of itinerant scholars, migration of children and begging in the north as ways of eradicating begging among children in the region.

Introduction  
Child abuse manifested by neglected and deprived children is a common debased phenomenon in Northern Nigeria (Musa 2008; Alabe n.d.). Nigeria is the most populous country in Africa with over 148 million people (Population Reference Bureau 2008); and accounts for the highest percentage of child births on the continent. In 1988, the population of children in Nigeria was 105.5 million (United Nations 1990: 3) outstripping all other countries in Africa; most of which suffer neglect and abuse leading to destitution. Some writers have attributed this social malady to Nigeria’s problems of mass poverty and maladministration (Alemika et al. 2005: 10; Osiruemu 2007: 117; Shettima 2009).

Child destitution in Northern Nigeria is evident via the practice of begging by children. Apart from begging, another form of child abuse in Northern Nigeria is the fact that children in the rural areas constitute the bulk of the labor force on farms (Robson 2004). In the case of begging, so many children ostensibly indulge in the act under the canopy of being Almajirai. As demonstrated subsequently, an Almajiri conventionally is expected to be educationally oriented in the basics of Islam in his [or her] early childhood to prepare him/her for a chaste Muslim adulthood. But the common practice in Northern Nigeria today has deviated from this norm, giving way to a mass of bowl-carrying children roaming the streets in a dire strife to fend for themselves. This has prompted Musa to pose a question that if it is obligatory for all Muslims to give their children elementary moral education, “is it not equally mandatory on all Muslims to feed, cloth, cater, and provide shelter and personal security for their children, just as it is to give them Islamic knowledge?” (Musa 2008: 1)

Begging is totally opposed to Islamic injunctions, in short “Islam enjoins man [and women] to work, to use his [or her] brain and hands in order to eke out a living for himself [herself]” (Alabe, n.d.:6). Paradoxically, mendicancy is most prevalent in the Muslim dominated Northern Nigeria. This phenomenon stimulates a lot of questions. What is the raison d’être for the persistence of the incidence of begging via the cult of Almajiranchi in Northern Nigeria? Why is the practice widespread in the north and not other parts of Nigeria? In what ways does the practice render children vulnerable to the waving truncheon of poverty and other social woes? Why have the State Governments and parents in Northern Nigeria been lethargic in addressing this unsavory practice? Is it that the states mostly affected lack the capacity and the political will to instigate a positive change to this nagging conduct? This paper addresses some of these questions by positing that the rampant Almajiri syndrome in vogue in most northern states in Nigeria today negates the drive towards development. Rather than developing the capacities of children, the practice subjects them to neglect, abuse and exposes them to lurking impoverishment. The method used in this paper is qualitative based on data obtained from documentary research derived from available literature on the subject.
Who is an Almajiri?

The denotation of an Almajiri is traceable to the origin of the tradition that bred it. The word Almajiri is the corrupted spelling of the Arabic word Almuhajir which means somebody who migrates for the purpose of learning or for the sake of advocating Islamic knowledge. The ancient culture of migration is tied to a system in which yearly, people inhabiting a given neighborhood gather their male children of school age usually after harvest and hand them to a teacher (Mallam). The purpose is for the Mallam to teach these children the basics of Islam through the Qur’anic schools where they are tutored how to read the Qur’an and write the Arabic alphabet. This is achieved through strict discipline and living an austere way of life (Woman Magazine, n.d.). A pupil of any of these Qur’anic schools is known as Almajiri (Almajirai plural). In order to escape domestic distractions, the Mallam may relocate his pupils to a distant area such as a city and camp them there. It is at this camp that the Almajiri “learn self-reliance and discipline” as well as the essence of life (Winter, 1987:180). To support the Mallam and his Almajiri, the local population provide accommodation and left over food for pupils and their teacher. But because the food may not be enough, the Mallam on a daily basis have to send out his students into the neighborhood to solicit for more food which must be brought back to the camp for collective sharing. The main reason for compelling the Almajiri to beg is to let them experience and appreciate the hardship they are going to face in their lives. The practice of begging among Almajiri is therefore known as Almajiranchi.

Qur’anic schools have been a medium of early childhood Islamic education in Northern Nigeria since the 11th century (Bolujoko 2008: 2). Consequently, there has been the proliferation of Islamic schools in the region. As far back as 1921 there were 30,411 Islamic schools in Northern Nigeria (Reichmuth 1989: 1), in 1973; over 20,000 Qur’anic schools were established in the region (Damachi cited in Winters, 1987: 197) and by 2006 over seven million male children were approximated to have attended the Qur’anic schools across the northern part of Nigeria (Tahir cited in Usman, 2008: 64). But as the years trickled, the Qur’anic school system has been stagnated and polluted with unwholesome practices because:

The Almajiri system of education as practiced today in northern Nigeria is a completely bastardized system compared to the form and conditions under which the system was operating.... During the pre-colonial era, begging was never involved and certainly the pupils were not reduced to doing menial jobs before they could eat (Abdulqadir cited in Alabe, n.d:4).

Typical Almajirai are identifiable by their awful state of hygiene, unkempt tattered clothes, diseases-afflicted and ulcerated skins (Awefeso cited in Usman 2008, 67). There is a general inertia towards Almajiranchi in the North since the practice has transpired for decades in its depleted form without concerted efforts by both parents and government authorities to overhaul it. The excuse usually given for the persistence of the Almajiri syndrome derives from the religious sympathy mangled in the maxim of faith procreation. Nevertheless, Musa (2008: 1) has posed a salient question that “if it is Islamic that our children leave our environment in search of knowledge, is it as well Islamic that they are subjected to this terrible condition?” The problem obviously goes beyond religion; other paradigms must be explored in explaining the sad retreat from the norm. There is another dimension to the problem of Almajiranchi which is more pitiful. Most of the children begging on the streets of the cities in the north are not necessarily genuine Almajirai in the true sense of undertaking lessons in any Qur’anic school. The increasing number of adult beggars has aggravated the already dismal conditions of destitution in the region. Some of the adult beggars engage in the act on the excuse of physical disabilities while majority of them have no discernable infirmity (Indabawa, 2000: 17). Ostensibly, according to Islamic doctrines “for any person who is hail and hearty, it is forbidden ‘Haram’ to beg” (Alabe, n.d.:6). But this sacred principle has been abandoned, which is why begging in the north has become common and sustained by the belief of the downtrodden poor that their only source of survival rest with alms solicitation despite the debasement that accompany the sordid practice.

Reasons for the incidence of Almajiranchi vary. Investigations conducted in Kano in 2008 for instance, revealed that poverty plays a unique role in the transformation of the hitherto exclusive children affair into an adult ‘business’ in Northern Nigeria (Shuaibu, 2008: 1). Most childrens (both the fake and ‘genuine’ Almajiri on the streets) and adults flock into the cities from the villages is search of alms for survival because of the acute and excruciating poverty in the countryside. Another reason why the Almajiri system thrives is the opportunity it affords rural youth to acquire Islamic knowledge and in the long run learn some trade or skills which brightens their chances of making a living in the cities (Winter, 1987: 179). Unfortunately, most children hardly complete the process leading to skill acquisition because they drop out in the process and end up as street beggars.

Similar to the poverty factor stated above is the view that the cause of the flourishing Almajiranchi is because some families in the rural areas deliberately send their children to metropolitan areas to cater for themselves due to the inability of such families to bear the burden of providing for their large families (Subbarao; Mattimore and Plangemann 2001: 3). This factor is undoubtedly appropriate in an attempt to understand the Almajiri phenomenon in Northern Nigeria where polygamy is pervasive. Many men with mean or no meaningful source of income marry three or four wives, with multiple births from these wives, they end up with fifteen to twenty children or more which their economic prowess cannot shoulder. As a corollary, children from such families who suffer deprivation seek alternative means of survival which may only be found in the easily accessible ‘trade’ of street begging. Thus, child abuse and neglect has continued unabated in Northern Nigeria despite the fact that the monumental 1989 Convention on the Rights of the Child seeks to ensure that
“children under 18 years of age develop to their full potential free from hunger, want, neglect, exploitation and other abuses” (United Nations, 1990: 7). Startlingly, Nigeria ratified the convention on April 16, 1991 (United Nations Children's Fund 2007) but it is yet to be enforced.

The Almajiri Syndrome in Northern Nigeria

There is no gainsaying that begging by children is prevalent in Northern Nigeria. The damaging impact of the syndrome on the region was underscored by the Governor of Niger State Mu'azu Babangida Aliyu when he said the phenomenon discomfits Northern Nigeria. In a tone of indictment, he questioned “why … we have endemic poverty in Muslim dominated settlements, when Allah has enjoined the faithful to balance the search for the hereafter with the search for this world?” (cited in Dike 2008: 2). The painful aspect of the pattern of begging in the north is that it is the younger generation that stands to reap its venom-coated end results by initiating them into a culture of dependence.

To illustrate the massive engagement of children in Almajiranchi, a survey of 85,112 street beggars conducted in 1992 in Kano, the most populous city in Northern Nigeria showed that 37,817 young children (i.e. 44.8%) comprised the sample population studied (Auwalu cited in Indabawa, 2000:17). Again, the National Council for the Welfare of Destitute (NCWD) in 2005 estimated that the number of Almajirai in Northern Nigeria stood at seven million (Alabe, n.d.). It is indeed a tragedy for Northern Nigeria that a vast number of the region’s future human resource is wasted and depleted amidst the indolence of both religious and government authorities in the region. Regrettably enough, Northern Nigeria remains the most backward region in Nigeria with the highest poverty rate in the country.

Alabe (n.d.) has attempted to explain the incident of child beggars in Northern Nigeria by arguing that the current practice is due to the influence of colonialism on the orthodox form of Islamic education in the region. However, Alabe's assertion is refutable. The conquest of the emirates of Northern Nigeria by the British was completed as far back as 1903 and by 1960, Nigeria was granted political independence; guaranteeing reforms by the former three regional governments with indigenous leadership. Therefore to attribute the present desolate state of children in Northern Nigeria in the 21st century to colonial impact is arriving at a conclusion based on wrong premise. With close to 50 years of Nigeria's existence as a political entity with more decentralization of power to the lower levels of government; if the state and local governments in the north have failed to reform the practice of Almajiranchi then the cause definitely cannot be attributed to colonialism. The problem resides with the political leadership in Northern Nigeria that is absorbed in self indulgence to the neglect of the ignorant poor populace. Besides, it is the children of the underprivileged Hausa masses that are worse hit by the Almajiranchi plague (Winters 1987: 197; Usman 2008: 62). Otherwise it will be tempting to interrogate why one hardly sees the children of local government chairmen, commissioners, state governors, ministers and the monarchs from the north engaging in Almajiranchi. The prevalence of begging in Northern Nigeria in whatever form is indisputably prompted by poverty. There is a functional correlation between education, poverty, child labor and begging (Indabawa 2000; Canagarajah and Thomas, 2001; Osiruemu 2007). Lack of proper educational upbringing of children is an invitation to their future impoverishment. The higher level of mass poverty in Norther Nigeria today (Ejemb et al. 2003; Sam, 2009; Ujah and Binniyat, 2008) compared to the southern part of Nigeria is not unconnected with the fact that formal education was introduced and embraced in the region many decades after Southern Nigeria had already accepted formal education as a way of life from the missionaries. Given that Northern Nigeria currently has the highest concentration of illiterate children in the world (Ujah and Binniyat, 2008); premonition point to the probability of future existence of high poverty rate in the region unless drastic measures are taken to recoil the ugly trend.

Begging among children in Northern Nigeria can as well be explained on sheer parental failure (Musa 2008). The polygamous practice ubiquitous in Northern Nigeria has warranted many people to bear children more than they can cater for. Sending some of these children to other towns and cities to 'acquire education' could be a source of economic relief to most parents. In some cases, female children are sent on the streets to engage in petty trade in items like kola nut, groundnut, maize, and assorted condiments to augment the lean income of their families. Such girl children are exposed to countless vile social hazards like sexual abuse, rape, kidnapping etc. Also, the monstrous problem of corruption in Northern Nigeria as in other parts of the country, has worsened matters. Recent assessments show that corruption is known to be pervasive in Nigeria (Canagarajah and Thomas, 2001; Global Integrity Report 2008; Human Rights Watch 2008). Lack of transparency and accountability among public office holders has culminated in the outright embezzlement of hideous sums of public money meant to improve social infrastructure. The result is unimaginable wide scale poverty, squalor and deteriorating living standard of the populace. This has in turn produced all manner of societal ills inimical to stability in Nigeria including communal conflicts, unemployment, armed robbery, begging etc.

Few state governments in Northern Nigeria have made efforts (though feeble) at addressing the menace posed by Almajiranchi. For example, after the Maitatsine riots of 1984, the Kano State Government banned the migration of itinerant scholars from rural areas to cities (Bolujoko 2008: 15), but it was momentary. The current governor of Jigawa State, Alhaji Sule Lamido has made strides in modernizing Qur’anic education in the state but the positive impact is yet to be fully felt. The Kano State Government under Malam Ibrahim Shekarau has introduced some strategies aimed at addressing the problem of child street beggars. These include a pilot feeding scheme in three priority local government areas, training of Islamiyya teachers, provision of agricultural infrastructure (fertilizer, improved seeds, farm implements,
cows etc) and skill development programs. These initiatives have not yielded the desired results in these states because of weak and corrupt government institutions coupled with the paucity of ardent political willpower.

The Almajiri Syndrome, Human Capital Development and Poverty

Human capital formation is a sin-qua-nondosocio-economic development (Bolujo, 2008: 3) because of the matchless role personnel play in the development process. In Northern Nigeria specifically and Nigeria in general, the drive towards human capital development by government is lethargic. This neglect can breed poverty in the population especially children.

Studies conducted by Helfer, McKinney and Kempe (1976) and Herrenkohl, Roy C. et al (1991) have revealed that the neglect and abuse of children leaves an indelible mark on their lives because of their inability to contribute economically to societal growth. This case is illustrated by the ordeal Almajiri experienced because of neglect, thus they are reduced to plate washers, errand boys for wealthy families, luggage conveyors in markets. Under this circumstance, poverty will hardly evade the affected children even as adults because “poverty breeds poverty. A poor individual or family has a high probability of staying poor” (Osiruemu 2007: 117). This contention upholds Brooks-Gunn and Duncan’s (1997) thesis that children who live in extreme poverty for so many years are bound to suffer the worst outcomes in their lives.

Three categories of poverty have been identified by Ebigbo (2002) including ill-tempered poverty, dependence poverty and poverty of the mind. Among these, it is the dependence poverty that Almajiranchi is bequeathing on many children. Logically the system recruits and orients the kids to depend on others for their subsistence. This is analogous to generational transmission of poverty. If conventional education liberates the mind, equips a person with knowledge to be utilized for his/her betterment, the unanswered question is; will poverty be circumvented or superimposed on the Almajirai through the system of education that make the Almajiri subservient? The tenacity of orthodox Islamic system of educating children as pointed out above precluded begging and was found in its resoluteness in indoctrin着手 into the Moslem folks religious dogmas anchored on morality and steadfastness. The limitation of the present system in Northern Nigeria is the hard fact that “…instead of educating their pupils and giving them skills and knowledge necessary for functioning effectively in society as they used to, Koranic schools have deteriorated to the extent that many people regard them as no more than a breeding ground for street beggars” (Okoye and Ya’u cited in Usman 2008: 64). It has also been observed that the tacit resistance and non-receptiveness of Northern Nigeria to western education is a function of the deep rooted resistance of Islam to western education (Bolujo, 2008: 15; Winter 1987: 178-180). For example, in 1976, Northern Nigeria opposed the introduction of Universal Primary Education (U.P.E) (Winter 1987: 180) whereas Qur’anic schools were dominant in the region. Almajiri have played negative roles during religious and ethnic conflicts in Northern Nigeria. From mere street beggars, these children do transform to street gangs known as Yandabas in Kano (Ya’u 2000). Similar violent inclined street gangs exist in other parts of Nigeria with variegated nomenclatures such as Area Boys in Lagos (Momoh 2000), Egbesu Boys in Enugu (Oluwara 2006), Bakassi Boys in Port Harcourt and environs (Baker 2002; Smith 2004). But what set Almajiri in Northern Nigeria apart is their predilection to become handy recruits during periods of violent conflicts in the region. For instance, from 1980 to 1985, Northern Nigeria witnessed four main religious riots and according to Winters (1987: 197), the “participants in these ‘riots’ [were] predominantly products of the Koranic school system of Northern Nigeria”. During the Maitatsine riots in Kano 1980, Kaduna and Maiduguri 1982 and Yola 1984, the Almajiri were handy in fuelling the crises (Hiskett 1987). In the recent 2004 religious crisis in Kano city which has the highest concentration of Almajiri, the violence unleashed on innocent residents was successful because the gangs comprised mainly Almajiri (Human Rights Watch, 2005:60).

By serving as catalysts for destruction of lives and properties (Adebiyi 2008), the Almajiri in Northern Nigeria pose a major social security threat which must be curbed. Otherwise like the Madrassahs of Central Asia, the Almajiri, given their numbers, stands to metamorphose into potential terrorists in the region (Awofeso; Ritchie and Degeling 2003). Moreover, begging on the streets render these children vulnerable to traffickers. It exposes the children to all sorts of vile and deviant behaviors and immoral acts because they interact freely with people of low virtue like prostitutes, drug addicts and gamblers. Again, their health is endangered since they depend on leftover and at times rotten food for feeding.

Suggestions

The analysis above has shown that street begging by children is an ominous reality in most parts in Northern Nigeria. To reverse the trend it is suggested that the state governments in the north should sincerely be committed to the provision of functional education in the region. The 19 Northern Governors Forum should be used as a platform for mobilizing support for the channeling of resources to the education sub-sector in the north. Similarly, all the 19 Northern State Governments must be cajoled by their forum to endorse and domesticate the Child’s Rights Act 2003 signed into law in Nigeria in September 2003 because the Act has provisions which says “the child’s best interests shall remain paramount in all considerations” and that a “child shall be given such protection and care as is necessary for its [his/her] well being, retaining the right to survival and development….” By so doing, it will be statutorily binding on the state governments to protect children and foster their welfare in the region.

Also, a synergy should be created between Qur’anic schools and Universal Basic Education (UBE) currently implemented in Nigeria. All elementary Islamic schools including Islamiyya and other Qur’anic schools should
be converted into formal schools but with great bias in Islamic curriculum and should have the status of awarding certificates. Equally too, migration of children from one village or city to another in large number should be restricted and begging by school age children should be banned throughout the north. To improve funding of formal education in the region, the billionaires strew all over Northern Nigeria should, as a matter of community service, offer direct financial assistance to the needy children. This assistance can be in form of establishing private scholarship schemes, education foundations and endowment funds to cater for talented but poor children that abound in the region. Parents in the states where Almajiranchi is most prevalent should, as a matter of social obligation, exhibit and assume more parental responsibility in raising their kids rather than sending them to unknown areas to fend for themselves.

It is equally imperative for the Ulama (Islamic clergy) in Northern Nigeria to accelerate action on awareness creation among northerners particularly Moslems for better understanding of Islamic injunctions regarding polygamy. This will further assist in educating the people to avoid unwarranted polygamous families that often breed lots of children many fathers cannot cater for. The Qur’anic doctrines as embedded in Qur’an 4:3 can be used by the clergy during sermons to cajole followers to be more rational when considering the number of wives to marry. Similarly, Abdal-Ati (1977) has clearly espoused the nature of permissible Islamic family structure which should be made known to people in Northern Nigeria. This measure will in the long-run, reduce the number of Almajirai on the streets in the north because people of the region will appreciate that it is not the number of wives a person marries and the number of children one begets that matters but how justly they are treated and how well they are reared respectively.

Conclusion

The central thesis of this paper is that Almajiranchi in Northern Nigeria today creates conditions that debase and abuse children in the area. The practice of street begging by children in the region has therefore, inextricably entrapped the children involved to the truncheon of an impoverished future if urgent measures are not taken. The ugly trend can only be reverted if the capacities of these children are developed through sound formal education so that they can exist exuberantly beyond the reach of poverty. Suffice to restate that the basic needs of children involves good upbringing which is defined to include right to good parental care, education, health, good nutrition, shelter, entertainment, interaction and associational life. These tasks are the collective responsibilities of parents and governments the world over and the case in Northern Nigeria cannot be excluded. While governments in Northern Nigeria should provide the broad based framework to facilitate child development; the parents should individually nurture their offspring to full-blown responsible adults. In addition, education serves to empower and not to disempower people. The future of Almajirai of the north should not be slain on the platform of lethargy on the part of both parents and governments in the area. Doing so will be tantamount to sowing a seed of impoverishment in the children and unwittingly or unwittingly superimposing poverty on the younger generation as well as forfeiting human capital development in the north and by extension, Nigeria.

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References


Mothers’ and Fathers’ Perceptions of Paternal Involvement in Child Care in Uganda

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Abstract
Two-hundred and twenty two working fathers with working wives and two-hundred and forty-six working mothers with working husbands were randomly sampled and interviewed to ascertain their perceptions of fathers’ involvement in child care tasks (which traditionally in Uganda are a women’s domain) as a result of increasing maternal involvement in paid employment. The data shows that most respondents thought it is ideal, necessary and fair for fathers to be involved in child care. 70 percent of fathers and 90 percent of mothers expressed the view that fathers who baby sit are ‘well brought up’. 70 percent of fathers expressed the opinion that ‘Baby sitting should not be left to mothers’. Most respondents thought that fathers should be more involved in activities like helping children with home work, school, holding and playing with children and attending to their health. Half the mothers expressed that they didn’t think their husbands find it unfair for wives to do most of the child care work. Most fathers understood that their presence and involvement is crucial for their children’s development. Fathers and mothers believed that fathers’ involvement in child care is necessary regardless of their financial contribution to the household and their work schedule. However, the study reflects that although there are egalitarian perceptions about fathers’ involvement child care, actual involvement in child care is much lower as only a half of the fathers reported that they are involved in providing care for their children.

Introduction
In all societies in the World, it is evident that culture assigns particular roles to men and women (United Nations Population Fund (UNFPA 2005)). Housework, which includes childcare, food preparation and domestic cleaning, has traditionally been regarded a domain of women. Fathers spend about a third as much time as mothers in providing direct childcare (United Nations Population Fund (UNFPA 2005). Estimates in 1995 showed that women’s unpaid domestic labor accounted for 40 per cent of GNP worldwide, yet in developing countries, 66 per cent of women’s work is excluded from national accounting mechanisms (World Bank 2002a). In Uganda, statistics show that the greater share of household tasks are performed by women and girls: cooking (86 per cent); fetching water (70 per cent); collecting firewood (73 per cent); childcare (62 per cent); washing clothes (88 per cent); and caring for the sick and elderly (62 per cent) (Ministry of Gender, Labor and Social Development (MGLSD 1999). On the contrary, the men’s place is largely understood to be in the wage employment sector, and not at home.

However, the construction of gender roles in societies has not been static. Since the 1960s and 1970s, women have begun to enter the labor force (Coltrane 2000). This change, which began in the developed countries, has been occasioned by factors like increased urbanization, industrialization, migration, education, population growth, religion and politics. The way women spend their time has changed—from unpaid dependent care and homemaking activities to spending significant amounts of time in paid labor force participation (O’Connell 1994; Anderson and Green 2006; Hill, Hawkins, Martinson and Ferris 2003). However, the way jobs are designed has not changed to fit the strategic and practical needs of women. It is also apparent that men’s roles have not changed in a corresponding manner, to address the gaps created by women’s involvement in formal employment (Hill et al. 2003). This has serious implications for childcare. This dual working role creates an overload on women, and in particular on mothers, who have the problem of how to fulfill the needs of their children. For those who can afford it, alternative arrangements are available, including day-care centers, and the use of paid carers within the home - known as nannies in some contexts and maids in the context of Uganda. However, these have been noted to offer no ideal
solution (Sempangi 1999).

Some studies in post-industrialized countries, such as the United States, Australia, and others in western Europe, have indicated that when mothers take up paid employment, it is likely to lead to fathers becoming increasingly involved in caring for children (Christensen and Gomory 1999, Hawkins et al. 1995, Marsinglio et al. 2000, Dienhart 1998, Lopton and Barclay 1997). This article is based on research undertaken in Uganda. We cannot just assume that this trend is reflected in developing countries like Uganda, where socio-economic and cultural contexts are different. Studies on fatherhood have testified to variations in the ways in which gender roles and relations play out, in western European settings (Plantin and Kearney 2003, Lopton and Barclay 1997). It seems that women's and men's behavior remains aligned with traditional gender roles, even in the developed countries (Coltrane 2000; LaRossa 1988; Hill 2003).

Maternal Employment and Child Care

Today, traditional patterns of life are changing, and demand for paid work is escalating everywhere. Labor force profiles are changing along with social roles (Coltrane 2000). Women are now entering the labor force in increasing numbers, although often with less education and fewer skills than men (O'Connell 1994, Anderson and Green 2006; Hill et al. 2003). Conversely, male employment figures have shrunk or remained static (Lockshin et al. 2004). This may seem advantageous to women. But benefits in the form of paid leave, maternity leave, social security, or health insurance are usually lacking, and this could have negative effects on childcare (Lockshin and Fong 2000). One of these effects relate to breast feeding.

Mothers of older infants are more likely to work and less likely to breast-feed. Yet the nutritional significance of breast-feeding during the first three months of life is tremendous. A study conducted on breastfeeding and maternal employment in urban Honduras (World Bank 2002b) revealed that employed women have more social and familial contacts outside of their immediate households than did non-employed women and more people helped employed mothers with the care of their children. The study further showed that for many employed women, childcare seemed to be an obstacle that they could not surmount (World Bank 2002b). Feeding of children was thought to be an interruption, which robbed time from tasks that were never finished. The study also revealed that employed mothers introduced supplements to breast milk earlier than non-employed mothers. Among the employed women, those at highest risk of early cessation of breast feeding are those who earn low wages in the formal sector, work more than six hours per day, six days per week and have help with child care at home (World Bank 2002b). Employed mothers also reported more feeding of breast milk substitutes (artificial milks) and supplements (other foods) than non-employed mothers.

Maternal employment has been reported to affect various aspects of children, such as health, education and personality (Lockshin and Fong, 2000). Researchers have argued that maternal employment can be advantageous to child care through increased incomes for affording child care necessities (Anderson and Green 2006). On the other hand, although maternal employment may afford households more child care necessities, it creates a gap in child care due to the reduction in the availability of mothers. It is therefore important to analyze the way gender roles can change to accommodate or fill the child care gap, by increasing men's participation in childcare.

The Current Study

The current study set out to explore the circumstances under which fathers of young children in Kampala, the capital city of Uganda, and Mpiigi, a rural district, are getting involved in child care tasks, (which traditionally in Uganda are a women's domain), as a result of mothers getting more involved in paid employment. The research involved 222 employed fathers with working wives, and 246 employed mothers with working husbands.

Respondents were selected randomly. The sample was selected regardless of the income levels of households from which respondents came. In order to obtain a representation of rural and urban areas, two sites were chosen for the research: Mpiigi, a rural area, and Kampala. Kampala is the most urbanized district in Central Uganda, whereas Mpiigi is the least urbanized district in the same region. It is widely believed that the process of modernization accounts to a great extent for changes in gender roles in countries such as the USA (Coltrane 2000). The study therefore gathered data from both rural and urban areas, to compare attitudes and practices regarding paternal involvement in child care accordingly. We interviewed our respondents at their homes, using interview schedules (questionnaires). In addition, ten focus group discussions were conducted for fathers and mothers. Mothers referred to women, married or unmarried who are living with their spouses and working, with children, born or adopted, below 6 years of age. Fathers referred to men who are working, married or unmarried, living together with children and the mothers of those children, born or adopted, below six years of age. The study employed both the cluster and random sampling designs, using households as the primary sampling units and mothers and fathers as the primary units of analysis. To obtain a sample of villages, within divisions/sub counties and parishes, the Probability Proportionate to Size (PPS) procedures was used. Since survey data collection was household based, PPS was used to obtain the sample of respondents.

Most respondents had attained either ‘O’ level education or below (62.2 per cent of fathers, and 72.3 per cent of mothers). Fathers were more likely to have attained A level education and above (37.9 per cent) than mothers (27.7 per cent). The vast majority of respondents were in monogamous marriages, although 10.3 per cent of men were married polygamonously. The maximum number of wives was 6. Both fathers and mothers reported that they had been in their relationships with their spouses for more than nine years on average. The mean number of children of respondents was
four. The mean age of their youngest children was 2.7 years.

**Other Respondent characteristics:**

**Workplace Location**

In the sample, more mothers than fathers worked at home: over half (55 per cent) of mothers, compared to one-third (36 per cent) of fathers. A further third (35.5 per cent) of mothers reported working outside of the home, but within one hour’s traveling time, while half (49 per cent) of fathers fell into this category. 9.5 per cent of mothers, as compared to 15 per cent of fathers, worked far away from home (defined as more than one hour’s traveling time).

Parents who had attained higher levels of education were more likely to work away from home than those who attained lower levels of education. Ninety per cent of the fathers in our sample who worked at home had not achieved beyond O level, while 76.5 per cent of fathers that worked far from home had attained high-school education and above.

**Time-use and Hours of Paid Work**

The research measured women's and men's average hours of paid work per day. Fathers worked for 7.8 hours a day on average at their productive tasks, which is slightly more than that of mothers, who worked for 7 hours a day on average, because of the need to find time to fit in child-care and other household work.

**Maternity and Paternity Leave**

Uganda is a signatory to the Maternity Protection Convention of 1952, which entitles women to at least six weeks of maternity leave. Legislation in Uganda does not require paternity leave to be provided for fathers, although some international organizations provide paternity leave of five days in their human resource policies. Maternity leave not only allows women to care for children during the actual leave, but is also likely to strengthen the social norm that child-care is 'women's work.'

Most mothers (63.6 per cent) reported that they take time away from work on the birth of a baby. The average length of time taken away from paid work around a birth was 40 days. Women in the informal sector take time away from their occupations according to need - on the one hand, for time to care for their new babies, and on the other hand, their need for income.

Most of the fathers (70.3 per cent) reported that they do not take paternity leave from work when a baby is born. While those who are self-employed would be able to do so, most men who are employed do not have the choice.

**Fathers’ involvement in child-care**

Overall, 50 per cent of fathers interviewed said that they provided some child care for their children. 41 per cent of mothers reported that their children’s fathers provided some child-care for them.

We defined childcare to include activities of baby-sitting such as feeding, holding, bathing, health care, playing with and changing nappies for children, taking children to and from school, and helping children with their homework.

During the study, fathers who did child-care were asked to mention what caused them to engage in child-care. Most of the fathers (38.3 per cent) perceived themselves as doing it because they enjoyed it. They stated that they enjoyed doing it. 30.6 per cent said they did it because of necessity. 12.6 per cent mentioned that they wanted to bond with their children; some 11.3 per cent said that they were involved when they had the time, and only 7.2 per cent said that they felt it would be unfair to their wives if they didn’t. It is therefore clear that most of the times fathers are involved in childcare, they are intrinsically motivated rather than pressured to do so.

Of the fathers who did not participate in child-care, 79.7 per cent mentioned that lack of time was the main reason, while relatively few (13.5 per cent) mentioned that they felt they had already made a fair contribution to the children's and household’s wellbeing through their income. 3.2 per cent reported that their wives discourage them, and 3.6 per cent said they were not sure they knew what to do.

**Mothers’ and Fathers’ Perceptions of Paternal Involvement in Child Care**

The study sought to ascertain fathers’ and mothers’ perceptions about fathers’ involvement in child care. Respondents provided information about their views on whether fathers should be involved in or exempt from child care. Overall, 70 percent of fathers and 90 percent of mothers expressed the view that fathers who babysit are ‘well brought up’. 70 percent of fathers expressed the opinion that ‘Baby sitting should not be left for mothers’. Most mothers and most fathers thought that fathers should be more involved in activities like helping children with homework, school, holding and playing with children and attending to their health. 50 percent of mothers expressed that they didn’t think their husbands find it unfair for wives to do most of the child care work.

Most fathers understood that their presence and involvement is crucial for their children’s development. Fathers and mothers believed that fathers’ involvement in child care is necessary regardless of their financial contribution to the household and their work schedule.

**Fathers’ and Mothers’ Views on Whether Fathers Should Be Involved in Baby Sitting**

Findings show that most of the fathers and mothers thought that fathers should be involved in child care rather than leaving it for mothers. 32 per cent of fathers were of the opinion that ‘Baby sitting should be left for mothers and fathers shouldn’t be involved’; while 68 per cent disagreed with the statement. Mothers had a similar opinion. 72 per cent of mothers disagreed with the statement. Further, 74.4 per cent of the fathers and 87.8 per cent of mothers mentioned that fathers who baby sit are ‘well brought up’.

At an activity specific level, most mothers and fathers thought that fathers should be more involved in activities like helping children with homework, school, holding and
playing with children and attending to their health. Most of the respondents thought that fathers should not be involved in changing nappies, dressing, or feeding children.

85.1 per cent of fathers and 90.5 per cent of mothers were of the view that fathers should be involved in holding children. 91.9 per cent of fathers and 91.7 per cent of mothers were of the opinion that fathers should be involved in attending to children’s health. 77.9 per cent of fathers and 81.9 per cent of mothers were of the opinion that fathers should be involved in taking children to and from school.

78.8 per cent of fathers and 80.2 per cent of the mothers expressed that fathers should be involved in helping children with home work. 55.9 per cent of the fathers and 55.8 per cent of the mothers thought that fathers should be involved in dressing children. 37.4 per cent of the fathers and 39.7 per cent of the mothers expressed that fathers should be involved in changing nappies. 68 per cent of fathers and 66.9 per cent of mothers expressed that fathers should be involved in feeding children. 86.5 per cent of the fathers and 89.3 per cent of the mothers expressed that fathers should be involved in playing with children. 64.4 per cent of fathers and 65.3 per cent of mothers thought that fathers should be involved in bathing children.

Fathers are less willing to be involved in child care activities like changing nappies, dressing, bathing and feeding children. Data from focus group discussions suggests that this preference could be related to the level of competence needed. One father explained his experience with bathing a young child:

“I really wanted to do all things needed for my child. One day I told my wife that I want to be the one to bath the child. She said okay. When I was bathing the baby, she was as if she was going to slip out of my hands. Sincerely I got stressed…” (FGD participant, Kampala)

Another father narrated:

“Most of us men fear the way a young child is handled—because for a baby, you don’t hold just a part of the child such as the hand, you have to hold the whole body and you have to be very careful. You can’t hold it the way you want. When she is older, she can stand or sit, you can hold one hand and wash her with the other when she is sitting or standing” (FGD participant, Kampala)

It is possible that activities like bathing, feeding and changing nappies for young children require more competence and thus fathers may be less willing to be involved in them, especially if their wives do not provide enough support and mentoring.

Perceptions of fairness

According to study findings, most respondents—mothers and fathers, think that it’s unfair to mothers if fathers do not participate in childcare. 59 per cent of the fathers agreed with the statement: ‘If child care work is not shared equally, my wife will feel unfairly treated’. 71.5 per cent of the mothers expressed that they would feel unfairly treated as wives if the child care work is not shared equally.

One mother said: ‘We mothers carry the baby in the womb for nine months, and so the fathers should also play their part by helping in child care’. Further, survey results show that mothers are more pessimistic about the possibility of fathers’ participation. For example, whereas 69.4 per cent of fathers agreed with the statement: ‘if child care work is not shared equally, I would feel that my wife is unfairly treated’, most mothers (54.1 per cent) expressed that they did not think their husbands find it unfair for wives to do most of the child care work. This shows that there is less trust of fathers by their wives.

Mothers and fathers share the view that fathers’ involvement is still needed even when the mother is available—because of the need for fairness and the importance of fathers’ time in child development. Most mothers and fathers (74.4 per cent) disagreed with the statement: ‘Fathers don’t necessarily have to participate in child care activities especially if the mother is available to give the care’. 89.6 per cent of the fathers and 95 per cent of the mothers were of the view that young children need fathers’ care even if the mother is available to give the care.

Perceptions of Fathers’ Exemption from Childcare

Data on respondents’ perceptions on whether fathers should be exempted from childcare activities indicate that most fathers think that they should not be exempt from childcare. Most of the fathers (45 per cent) mentioned that they should not be exempt from child care, and 44 per cent mentioned that they should be exempt only from some child care activities. Only 11 per cent of the fathers mentioned that they should be exempt from all child care activities. Mothers expressed similar views, as most of them (51.2 per cent) mentioned that fathers should not be exempt from child care activities. 40.9 per cent of the mothers mentioned that fathers should be exempt but only from some child care activities, and only 7.9 per cent of the mothers mentioned that fathers should be entirely exempt from child care. It can be noted from these findings that both fathers and mothers do not agree that fathers should be exempt from child care. Furthermore, more mothers than fathers report that fathers should not be exempt from child care chores, and more fathers than mothers report that fathers should be exempt from child care chores.

In analyzing fathers' and mothers' perceptions of fathers’ exemption from childcare, it is important to examine whether some fathers connected their exemption from child care work to their involvement in market production. Most of the fathers (70.3 per cent) and most of the mothers (68.6 per cent) mentioned that even if the fathers earn more income than their wives, fathers may not be exempt from childcare.

This finding is further supported by data from focus group discussions. The data shows that attitudes towards fathers’ exemption from child care depend on the situation at home, and the availability of other family members or maids that provide support in child care. One father mentioned:

“...it depends on who is at home. If you are there at home alone with your wife and a young child, there is no way you should be excluded from any child care chores.”
work. When your wife is doing one thing, you do the other…” (FGD participant, Kampala)

From the focus group discussions, it is clear that some fathers would like to be exempted from some of the child care work if there are other care providers available at home. In explaining some of the activities that fathers should be exempted from, one father explained:

“The baby may be seated there, and she defecates. The father shouldn’t be the one to clean the baby or even bathing the baby.”

Nevertheless, some fathers are of the view that even if there are other child care providers available at home, fathers should participate in some child care activities, such as holding and feeding children. One father commented:

“Even if these people are around, I could hold the baby and see how she is feeling. I could feed her once in a while.”

Another possible reason for exemption of fathers would be if fathers work and their wives stay at home. While 41.4 per cent of fathers mentioned that this is an adequate reason for fathers’ exemption from child care, most of the mothers (72.7 per cent) believe that this is no worthwhile reason for fathers’ exemption.

Most fathers (69.8 per cent) and most of the mothers (67.8 per cent) mentioned that they should not be exempt from child care even if they work for more hours than their wives. 95.5 per cent of the fathers and 94.2 per cent of the mothers mentioned that earning higher incomes than their wives would not be an adequate reason for exempting fathers from child care activities. Surprisingly, 72.1 per cent of the fathers and 77.7 per cent of mothers reported that fathers should not be involved in child care even if they earn less income than their wives. Similarly, 91 per cent of the fathers mentioned that even if their wives’ incomes do not support the household much, fathers should not be exempt from child care. Even if their wives incomes support the household greatly, 96.4 per cent of the fathers and 96.7 per cent of the mothers expressed that fathers should not be exempt from child care.

It is therefore clear that most of the fathers and mothers do not believe that fathers can buy their exemption from child care. Fathers and mothers believe that fathers’ involvement in child care is necessary regardless of their financial contribution to the household and their work schedule.

Although most fathers reported that they should not be exempt from childcare, they express preference for certain childcare activities to others. Most fathers would rather they are exempted from bathing, feeding and dressing children. Hence they would rather be involved in holding, playing with children, and attending to children’s health and schooling.

From both the survey and qualitative data, it is clear that although fathers and mothers hold the view that under no circumstance should fathers be exempt from child care, fathers feel that they should be exempted from certain activities, such as bathing children, especially if there are other child care providers available at home. Although some fathers report that they are involved in certain child care activities even when other child care support is available, this is only once in a while.

Perception of the “ideal man”

The study also sought to relate fathers’ and mothers’ perceptions of ‘the ideal man’ with their perceptions about paternal involvement in child care. Most of the fathers (48.6 per cent) expressed that an “ideal man” should participate in child care all the times. 42.3 per cent of the fathers expressed that an “ideal man” should participate in child care sometimes, while only 9 per cent of the fathers expressed that an ideal man should never participate in child care. 95.9 per cent of the mothers expressed that an “ideal man” should participate in child care at least sometimes. Further, 94.1 per cent of the fathers mentioned that their wives understand that an “ideal man” should be involved in child care at all times or sometimes.

However, qualitative data from FGDs reflects that there are other items that both mothers and fathers think are important for an ideal man:

“A real man/father is one who has money”
(Female FGD participant, Katikanyonyi)

“A real husband is one who has built a family house and is hard-working and also helps me to care for the children.”
(Female FGD participant, Katikanyonyi)

“It is not proper for a responsible man to be found lighting fire to cook when my wife is seated. It is disrespectful. In fact if you do it two or three times, the next thing you hear her bragging to the neighbor’s wife that: ’I have finished that one, I have put him in the bottle.’ So because of that I can’t allow it.”
(Male FGD participant, Katikanyonyi)

In view of the above statements, it is clear that there are some fathers and mothers who do not think that it is ideal for fathers to be involved in child care. Some people think that what defines an “ideal” father is his ability to fend for the family. This probably explains why most of the fathers continue to be uninvolved in child care and why most mothers do not encourage their husbands to get involved in child care as shown later in section 4.4.

However, it is also worth noting that some mothers reported that there is always need for fathers involvement, not necessarily for fairness, but for addressing a gap, as expressed by a respondent:

“It is true husbands don’t have to do all the small things at home. However, there are times when we really need support. For example, when I have just delivered, I would expect my husband to help me do the washing because I am still weak; whether it’s baby’s nappy or my own clothes or cooking a meal...” (FGD participant, Kampala)
for me. So they don't have to do it as a matter of routine.” (Female FGD participant, Mpigi)

Conclusion

In conclusion, the above findings present a discussion on mothers’ and fathers’ perceptions of paternal involvement in child care. The discussion highlights that most of the fathers and mothers have egalitarian and positive perceptions about fathers’ involvement in child care. Most mothers and most fathers thought that fathers should be more involved in activities like helping children with home work, school, holding and playing with children and attending to their health, and fathers and mothers believe that fathers’ involvement in child care is necessary regardless of their financial contribution to the household and their work schedule. However, it is one thing to express positive perceptions and another thing to be involved in child care. The study reveals that although more than 70 percent of the fathers express positive perceptions of their involvement in child care, only a half of them reported ever being actually involved in child care.

Practical barriers to men participating in child-care link to the gender norms which view this work as female. Many respondents referred to barriers which are not practical, but ideological. They confirmed that the apparent lack of fathers’ involvement in child care is at least in part occasioned by culture, in which male and female members of society are assigned different roles. However, cultural beliefs are challenged by social and economic changes which have led to a greater involvement of women in the paid labour force. Sometimes, change occurs so rapidly that resistance sets in.

References


Mrs. Ngulube from the rural primary school of Nangoma, in Zambia, had little teaching preparation before agreeing to be one of the first teachers to participate in a new teacher training program implemented by ChildFund-International. Like many teachers in her region of Mumbwa, her classes have 70 to 110 students in a single session. Students vie for spots on the floor, often sharing textbooks and pencil stumps. She has limited hours to teach the standardized curriculum, and until now she has relied on didactic, teacher-centered instruction, where the teacher talks and the students simply listen. This tactic is more difficult in that many of the students are hard to keep engaged due to low energy; most walk nearly ten kilometers to reach their school and eat as little as once a day. Mrs. Ngulube is proud of her profession, but her and her colleagues suffer from lack of support and low morale. For them, it is all about just getting through another school day and hoping that the students are learning. ChildFund is working to change this.

In April 2008, 12 Zambian teachers from three schools were invited by ChildFund to participate in the Active Learning and Teaching in Schools (ATLAS) program. In partnership with ChildFund-Zambia and the International Reading Association (IRA), the program seeks to improve the quality of education by targeting the quality of teaching and learning through the effective use of active, participatory instruction and learning methodologies. Instead of using rote teacher-centered approaches, ATLAS empowers educators to rely on student-centered learning activities, where children are given the space to actively participate. They are encouraged to talk about, question, explore, evaluate and debate what they learn, all in a supportive and friendly environment.

The teacher participants, along with participation from the schools’ directors and local representatives of the Ministry of Education, go through in-service training workshops spanning over 12 months, facilitated by IRA Education Specialist Phyllis Hildebrandt. This in-service training includes learning about child-centered teaching methodologies.
and using developed materials that focus on participatory and active learning, which in turn the teachers practice applying within the classroom.

ATLAS is based on the belief that both theory and hands-on practice of proven methodologies are more effective than theoretical training alone in supporting change. In order to make substantial inroads with teachers when it comes to implementing participatory, child-centered classroom practices, an influx of essential materials and continuous and intensive technical training, coaching, and supervision are essential. For these reasons ATLAS not only proposes to help teachers develop and use materials, but also to learn, observe and integrate knowledge and practice, recognize and diagnose problems, and consider and apply alternative solutions through an iterative process that includes continuous supervision, feedback, and coaching.

One focus of the training sessions are on developing age-appropriate, learner centered practices. Participant training covers core content such as language and math instruction, and research-based practices that support early grade learning. Another key aspect to training success lies in giving teachers the opportunity to participate meaningfully in processes that recognize and value their intellectual capacity, experience, and resourcefulness. When teachers themselves are purposefully involved in the process of improving teaching and learning conditions, they are generally more motivated and willing to put what they learn into practice. Thus in addition to providing continuous in-service training, ATLAS will also establish and support a teacher quality circle (TQC) to ensure teacher-directed learning and instructional behavior changes happen.

In order to foster an ongoing culture of reflective teaching and professional development, TQC members meet regularly to monitor, share, discuss, and solve classroom issues related to the implementation of new teaching practices as well as develop/create/improvise/procure and use essential teaching materials, as needed. Furthermore, the TQC is responsible for stepping down training for non-TQC teachers at the three schools in order to begin the work of creating child-friendly model schools. The 12 initial teachers become mentors to their fellow education peers, cascading their knowledge to others who will also go on to share this vital training and experience.

Through a year-long process of training, potential master teachers within the TQC are identified, developed, and supported to ultimately facilitate additional TQCs in the subsequent scale up of the program beyond the implementation period of ATLAS. Teacher training and TQCs are key features of ChildFund’s child friendly school model, called CLASSE, a whole-school reform initiative that focuses on building quality in the areas of quality content, student health, teaching and learning processes, children’s rights, and holistic learning environment.

In 2008 and 2009, a number of the teacher participants had the added opportunity to participate in a teacher exchange program with New Zealand teachers, funded by ChildFund-New Zealand. The Zambian teachers visited New Zealand schools, in order to learn more about active and participatory methodologies in the classroom and teacher-quality circles. Afterwards, the teachers from New Zealand were able to visit the Zambian schools to see the conditions that their international peers struggle with everyday. The exchange worked to bring teachers and their classrooms together to achieve cross-cultural understanding, professional motivation, skills development, and, ultimately, improvements in the quality of education learners receive.

Through the two-way exchanges between Zambian and New Zealand teachers as well as intensive in-service training, the program hopes not only to motivate teachers and build cross-cultural understanding through the development of global support networks but also to help teachers apply effective classroom practices for quality improvement in education.

“Soon after the first workshop, [our school’s teachers] started implementing the new strategies, and training other teachers in these practices. In my class, I have many at-risk learners. And after I implemented the new methods, I was so happy to see that the learners in my class started learning better,” commented Mrs. Ngulube. She has demonstrated one of the greatest advancements in her teaching instruction. On a given day, you can find her students working well together in group activities, giving presentations to the class, or playing learning games. Mrs. Ngulube walks around monitoring their progress and engaging them in time-on-task learning. She has a sense of control within her classroom for the first time in many years, and the genuine opportunity to make a difference to her students’ education despite the obstacles that face them all.

Jessi Hanson-Javier has over 7 years experience working in the field of public and international education. As Education Associate at ChildFund International, her focus is towards Program Quality. Ed. M International Education Policy from the Harvard Graduate School of Education; B.A. Secondary English Education, Teaching License

Mirellise Vazquez has over ten years of professional experience in the field of international development. During her four years with ChildFund, Mirellise has held several posts, which included conducting advocacy on Capitol Hill in Washington D.C. and the United Nations on behalf of the world’s deprived, excluded, and vulnerable children, as well as serving as ChildFund’s first Foundation’s Officer. Prior to joining ChildFund, Mirellise worked at the United States Department of Labor’s Bureau of International Labor Affairs, where she focused on child labor and education technical assistance programs, research, and policy. Master’s Degree in Public Policy & International Affairs from the University of Pittsburgh; Bachelor’s Degree in Government from Franklin and Marshall College.
“Poverty” and “ignorance,” are the common denominators used in local discourse to explain the high rates of maternal and infant mortality and disease in the Upper East Region of Ghana. While scholars and health professionals commonly attribute the failure of the poor to promptly seek medical attention or “comply” with medical advice to pure ignorance and poverty, our experiences as anthropologists working in the villages of Sirigu and Yua revealed a complex web of kinship imperatives and decision-making protocols that underlie access to medical care.

Yua and Sirigu are two rural and isolated Nankani villages in the Kassena-Nankana District of the Upper East Region of Ghana. Significant improvements in child and maternal health have been made in the past decade, with infant mortality decreasing to 84.6 deaths per 1,000 births and child mortality to 82.9 deaths per 1,000 (Binka et al. 2007). In addition, vaccination programs, maternal education, and posting community health nurses in rural areas have improved overall community health. However, within more remote areas of the District further progress is necessary. While many of the health challenges confronting children and families are related to parasitic diseases and environmental factors, health-seeking and decision-making processes that are “governed by tradition and rather than knowledge of modern health care options” are cited as a challenge to further improving health outcomes in the region (Binka et al. 2007, 579).

In our recent field research we found that the seemingly minimal attention to infant and child health problems were regularly attributed to the mother’s lack of health education and the family’s poverty. Rural and poor families often live the furthest from resources, markets, medical clinics, making it less likely that mothers will access biomedical assistance. Governmental and non-governmental organizations describe
the lack of education opportunities and the effects of poverty as limiting maternal awareness of what medical services children need when ill. As a result, maternal education emphasizes the importance of pre- and antenatal care, combined with proper health, nutrition, and care-seeking behaviors as the ideal solution to reducing infant and maternal mortality. However, our recent ethnographic fieldwork demonstrated that this maternal-focused approach is not a straightforward solution.

We found it important to recognize that the assumptions embedded within biomedical treatment paradigms and education programs cause health professionals and educators to overlook important cultural and social dimensions that are essential to improving health outcomes. For example, biomedical models focus upon the individual rather than the larger family system, an approach that differs from many West African social and family-based healing traditions. During our recent as well as past fieldwork experiences, we observed that this atomistic epistemology was prevalent within maternal education programs, health centers, and hospitals. It was clear that medical professionals and educators should not simply treat Nankan women and children solely as individuals.

Rather, Nankan women and children are embedded within a larger patrilineal/patrilocal kinship system wherein the adult men, particularly the head of the family, have authority over the entire house and are responsible for all family members. This authority and role of children within the family system is reflected in comments by community members referring to children as not for the mother but “for the father” and, ultimately, for the “house” or father’s lineage.

Before a mother can attend a medical clinic for her own needs or seek medical care for her children, she must first request permission from the father and family head. If the family head does not give permission, particularly within traditional families, women are discouraged from ignoring his decision; although within a small number of less traditional families mothers are expected to seek help for their children regardless. Despite the male decision-making authority within the home, family members place responsibility and blame for illness upon the mother and she is expected to properly care for the children, regardless of the resources available. During a meeting with a Sirigu Women’s group a woman remarked, “The men think their only responsibility is getting women pregnant; they don’t think that they need to do anything else.” Consequently, when a child is sick, though the male has the final say on whether she can seek treatment for the child, the mother is ultimately responsible for the child’s health and life.

In light of the important role that men play in health decision-making within families, attempting to reverse the impact of “ignorance” by concentrating infant and maternal education programs solely on women as individuals is an incomplete solution, since it fails to recognize the larger family system. Regardless of how much women are the focus of education campaigns, few women may have the autonomy to seek medical attention for themselves or their children, since the ultimate decision rests with the men. Thus, why are men not targeted more often for maternal education? While studies show that education does empower women, this case demonstrates that although knowledge of maternal health issues increases it does little to empower women to make decisions and take control of their circumstances. Therefore the question is not necessarily how can women be empowered to seek medical treatment, but who should be empowered so the women are able to access medical care for themselves and their children?

The analytic separation of mothers from their larger kinship and social system is artificial. Community education models that address the entire family, particularly models that help men understand child and maternal health circumstances and treatments—with the ultimate goal of also empowering mothers to obtain preventative care and early treatment—are needed. Poverty is indeed a barrier to good health, but we need to think twice and more holistically before we dismiss poor health outcomes as being a result of “ignorance.”

Jessica Lum is a Master’s Candidate in Applied Anthropology at Northern Arizona University in Flagstaff, Arizona. Jessica’s work as an anthropologist began as an undergraduate student when working on a community-based collaborative development project at Hamline University in St. Paul, Minnesota. Jessica also has experience working in rural Western China, and most recently completed a summer internship in development anthropology in Northern Ghana. Jessica’s predominant interests include development models and policies and the use of technology in development.

Aaron Denham, Ph.D., is an Assistant Professor of Anthropology at Northern Arizona University. His recent research addresses children’s health, infanticide, and the sentiments surrounding child mortality in Northern Ghana. Currently, he is working with communities and development organizations in Ghana addressing health and development needs.

References

People have talked at length about peace education, and peace education programs have been taught for many years, but still, conflict continues. So why aren’t the traditional methods for resolving conflict working? And why has a completely different approach to peace education worked with children of war in Liberia, with full expectations for its success with all African children?

We call this innovative process “BioCognetic Peace Education.” It originated with the Atrium Society Youth Peace Literacy programs based on the emerging field in peace education called BioCognetics – The Scientific Study of Human Conflict created by Conditioning Thinking (http://www.atriumsoc.org/biocognitive-education.php) which draws on the initial insights of Quantum Physicist Dr. David Bohm. The Atrium Society (www.atriumsociety.org) offers free peace educating programs that address the roots of human conflict in the conditioned way we think. In Liberia, where I have been teaching these programs for five years to over three thousand young people from different communities, the feedback and the turnaround have been extremely gratifying. Let me tell you why it works.

BioCognetic Peace Education views the resolution of conflict from three levels, while conventional approaches customarily address only the second two levels, once conflict is actually escalating. Thus, the typical peace educator will begin in a remedial, reactive way at the secondary level of “Conflict Resolution,” either through therapeutic or moralistic means, as in the case of individual conflict, or through diplomatic or political intervention, as in the case of social conflict. Also typically, resolution is addressed at the tertiary level of managing conflict through judicial or military intervention.

These remedial, reactive approaches do not address conflict at the primary prevention level—understanding and avoiding the fundamental psychological factors that create conflict in the way we have been conditioned think and act. This is the critical difference between conventional peace education and BioCognetic Peace Education – understanding conditioned thinking. Thus conventional peace education is essentially ineffective because it does not address conditioned
thinking as the root cause of conflict. To be successful, peace education has to address the nature and structure of human conflict first and foremost at this underlying causal level.

To enable everyone to relate to it, peace education must be taught in a practical and relevant context; only then will young people understand and apply it in their daily lives. Discussing how bullying creates conflict, whether on the school playground or in international war, creates a meaningful context. It needs to be grounded in the students’ real, daily experiences. Using concrete situations, they can grow to understand what bullying means, its effects personally and its impacts globally.

Educating our children to understand the causes of violence remains an underlying prerequisite for rebuilding our country. BioCognetic Peace Education is the most critical response in the reconstruction of our nation. The BioCognetic Peace Education programs have effectively demonstrated here in Liberia with the children of war that no matter how conditioned they have been to violent behavior, they can be liberated from that habitual mindset. And if they can be set free from their war-like attitude, and these children of Liberia are perhaps the most severe cases one can imagine, so can all children who face daily conflict – whether they’re bullied on the playground or bullied on the battlefield.

Having grown up in war, our young people have been unsuspectingly habituated to devastating violence and are primed for combat. If this is unleashed, as it easily could be, it will be catastrophic. Not understanding this basically destructive nature of conditioned thinking, we have again and again been compelled to go to war.

For a durable and sustainable rebuilding of Liberia, it is therefore imperative that any plan incorporates BioCognetic Peace Education as an integral part of our national educational program. To succeed, we must first learn to see the origin of conflict within ourselves and hence society. After recognizing the existence of our own conditioning, we can proceed to a general understanding of psychological conditioning – what it is, how it forms our attitudes, how it encourages negative behavior and how it fundamentally creates conflicts in living. Learning the skills of BioCognetic Peace Education is enabling our young people, and will continue to enable them, to prevent the perpetuation of societal violence because they now have a clear understanding of how conditioned thinking creates conflict and therefore prevents peace.

I held an interview with some of our recent graduates from the peace school, to see how the curriculum on prejudice affected their outlook now.

Among several questions, I asked how their time at the peace school had helped them. Cindy replied: “The peace school has helped me in many ways. For example, I used to act according to how people wanted me to be. If people wanted me to fight back, I just did it to please them. Now I have a very strong mind,” Shad said, “The peace school has helped me to learn not to have bad feelings about others without knowing them. We sometimes hate because we feel others are different from us.”

I also asked whether they see another war in the making. John Pius answered, “I will not fight. I know why people fight; I know what stops people from having peace… I will never fight and I will help to stop people from fighting.”

When asked how they used to respond to conflict before coming to the peace school, Julia replied, “For me, I believe that one thing that can cause war is carrying false information from one person to another. And many people don’t try to find out the truth. They accept anything people tell them. I don’t want to be someone like that again. I want to be like Sherlock Holmes, our detective in peace school.”


Marvin Garbeh Davis is the author of Brave New Child, Liberating the Children of Liberia and the World. Prior to his peace work in Liberia, Mr. Davis was a refugee in Gambia for seven years, where he studied online and began teaching BioCognetic Peace Education. A human rights journalist, editor and teacher, Mr. Davis also established The Common Ground Society in Buchanan Town, Grand Bassa County, where he founded their first BioCognetic Peace Education school in 2005. They are now located in Congo Town, a suburb of Monrovia, where over 3,000 Liberian youths have graduated from their BioCognetic Peace Education program.

Dr. Terrence Webster-Doyle worked with The Common Ground Society as a coordinator/advisor and with Marvin Garbeh Davis as the editor/publisher of Brave New Child - Liberating the Children of Liberia and the World. Director of the Atrium School, co-director of the Atrium School which explores psychological conditioning, he is also founder and director of the Martial Arts for Peace Association. Master of Psychology and Doctor of Health and Human Services, he has written 54 award-winning, peace education books and curricula, including Why Is Everybody Always Picking on Us? Understanding the Roots of Prejudice, the basis for BioCognetic Peace Education.

References


Additional child studies conferences and events:

February 17-20, 2010
Society for Cross-Cultural Research 39th Annual Conference. Held jointly with the meetings of the American Anthropological Association Children and Childhood Interest Group (Albuquerque Marriot Hotel, Albuquerque, New Mexico, USA) email: zhossain@unm.edu website: http://www.sccr.org/meetings.html

July 6-8, 2010
Childhood and Youth in Transition. Centre for the Study of Childhood and Youth 3rd International Conference (The University of Sheffield, Sheffield, UK) Abstracts due January 31, 2010. email: d.j.lessels@sheffield.ac.uk website: http://www.cscy.group.shef.ac.uk/activities/conferences/index.htm

July 8-9, 2010

July 11-17, 2010
XVII ISA World Congress of Sociology RC 53 - Sociology of Childhood (Gothenburg, Sweden) Contact: Doris Bühler-Niederberger, University of Wuppertal email: buehler@uni-wuppertal.de. website: http://childhood.nfshost.com/